## KOLAR Document ID: 1703532

# WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Correction

Original Record

WELL ID\_\_\_\_\_ Change in Well Use

### LOCATION OF WATER WELL

| Latitude | Longitude | Section | Township | Range | E<br>W | Fraction | 1⁄4 | 1⁄4 | 1⁄4 |
|----------|-----------|---------|----------|-------|--------|----------|-----|-----|-----|
| Datum    | Elevation | County  |          |       |        |          |     |     |     |

#### WATER WELL OWNER

| Name                  |  |  |  |  |
|-----------------------|--|--|--|--|
| Business              |  |  |  |  |
| Address               |  |  |  |  |
| Well location         |  |  |  |  |
| at owner's<br>address |  |  |  |  |
|                       |  |  |  |  |

#### CONSTRUCTION

| Borehole interval:   | Borehole diameter: |  |  |  |  |  |
|--|--------------------|--|--|--|--|--|
| fromtoft.  | in.                |  |  |  |  |  |
| fromtoft.  | in.                |  |  |  |  |  |
| Casing height above land surface:in.                                       |                    |  |  |  |  |  |
| If casing height is less than 12 in.<br>has a variance been approved?* Yes |                    |  |  |  |  |  |
| *variance not required for<br>or environmental reme                        |                    |  |  |  |  |  |
| Casing type:   |                    |  |  |  |  |  |
| Blank casing interval:   | ft. toft.          |  |  |  |  |  |
| Blank casing diameter:   | in.                |  |  |  |  |  |
| Casing joints:   |                    |  |  |  |  |  |
| Weight:lbs   | s/ft.              |  |  |  |  |  |
| Wall thickness or gauge  | no.:               |  |  |  |  |  |
| Blank casing interval:   | ft. toft.          |  |  |  |  |  |
| Blank casing diameter:in.  |                    |  |  |  |  |  |
| Casing joints:   |                    |  |  |  |  |  |
| Weight:lbs   | s/ft.              |  |  |  |  |  |
| Wall thickness or gauge  |                    |  |  |  |  |  |
| Grout interval: ft. to   | oft.               |  |  |  |  |  |
| Grout material:  |                    |  |  |  |  |  |
| Grout interval: ft. to ft.   |                    |  |  |  |  |  |
| Grout material:  |                    |  |  |  |  |  |
|  |                    |  |  |  |  |  |
| Screen / perforation material  | :                  |  |  |  |  |  |
| Screen / perforation opening   | gs:                |  |  |  |  |  |
| Screen / perforation intervals   | 8:                 |  |  |  |  |  |
| Fromft. to   | _ft.               |  |  |  |  |  |
| Slot size unit   |                    |  |  |  |  |  |
| Fromft. to   | _ft.               |  |  |  |  |  |
| Slot size unit   |                    |  |  |  |  |  |
| Gravel pack intervals:   |                    |  |  |  |  |  |
| Gravel pack not used:  | Gravel size in     |  |  |  |  |  |
| From ft. to  |                    |  |  |  |  |  |
| Gravel pack not used:  |                    |  |  |  |  |  |
| From ft. to  |                    |  |  |  |  |  |

### WELL WATER USE

| COMPLETION                                    |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| Depth of completed well:ft.                   |  |  |  |  |  |  |
| Depth(s) groundwater encountered:             |  |  |  |  |  |  |
| (1) ft.; (2) ft.;                             |  |  |  |  |  |  |
| (3) ft.; (4) dry well                         |  |  |  |  |  |  |
| Static water level in well: ft.               |  |  |  |  |  |  |
| measured below land surface<br>on (mm/dd/yy): |  |  |  |  |  |  |
| measured above land surface<br>on (mm/dd/yy): |  |  |  |  |  |  |
| Estimated yield: gpm                          |  |  |  |  |  |  |
| Water level was: ft. afterhours               |  |  |  |  |  |  |
| pumping gpm                                   |  |  |  |  |  |  |
| Pump installed? Yes No                        |  |  |  |  |  |  |
| Water well disinfected? Yes No                |  |  |  |  |  |  |
| Date disinfected (mm/dd/yy):                  |  |  |  |  |  |  |

| NEAREST SOURCE O                    | F POTENTIAL CONTAMINATIO |
|-------------------------------------|--------------------------|
| Source:                             |                          |
| Distance<br>from well:              | Direction<br>from well:  |
| Source<br>description:              |                          |
| Source:                             |                          |
| Distance<br>from well:              | Direction<br>from well:  |
| Source<br>description:              |                          |
| No potential so<br>within 100 feet. | urce of contamination    |
| PERMIT & ID NUMB                    | ERS (AS REQUIRED)        |
| DWR Application 1                   | Vo.:                     |
|                                     | ct Code:                 |
| Site Name:                          |                          |
| KDHE UIC Class V                    | Form Completed: Yes N    |

## Lease Name & Well #: \_\_\_\_\_\_ # of boreholes: \_\_\_\_\_ # of dewatering wells: \_\_\_\_

County Permit: Yes No Permit ID:

# Aquifer, if known:

| ITHOLOG |    |                     |  |
|---------|----|---------------------|--|
| FROM    | то | LITHOLOGY INTERVALS |  |
|         |    |                     |  |
|         |    |                     |  |
|         |    |                     |  |
|         |    |                     |  |
|         |    |                     |  |
|         |    |                     |  |
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|         |    |                     |  |
|         |    |                     |  |
|         |    |                     |  |
|         |    |                     |  |
|         |    |                     |  |

#### COMMENTS

#### CONTRACTOR'S OR LANDOWNERS CERTIFICATION

| This water well was constructed  | reconstructed                         | pursuant to the stated water well       |  |  |  |
|--|---------------------------------------|---|--|--|--|
| contractor's license and was complet   | I certify that this record is true to |   |  |  |  |
| the best of my knowledge and belief. This water well record was completed on                               |                                       |   |  |  |  |
| under the business name of   |                                       | ,                                       |  |  |  |
| Kansas Water Well Contractor's Lice  | ense No                               | _ under the authority of the designated |  |  |  |
| person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the         |                                       |   |  |  |  |
| designated person at its submittal:  |                                       |   |  |  |  |
| Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well |                                       |   |  |  |  |
| KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  |                                       |   |  |  |  |

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