# KOLAR Document ID: 1716491

# 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 W	Fraction	1⁄4	1⁄4	1⁄4
Datum	Elevation	County							

### WATER WELL OWNER

Name					
Business					
Address					
Well location					
at owner's address					

#### CONSTRUCTION

Borehole interval:	Borehole diameter:
fromtoft.	in.
fromtoft.	in.
Casing height above land su	
If casing height is less th has a variance been app	roved?* Yes No
*variance not required for or environmental reme	Ũ
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	oft.
Grout material:	
Screen / perforation material	:
Screen / perforation opening	gs:
Screen / perforation interval	s:
Fromft. to	_ft.
Slot size unit	
From ft. to	_ft.
Slot size unit	
Gravel pack intervals:	
Gravel pack not used:	Gravel size in
From ft. to	
	Gravel size in
From ft. to	

WELL WATER USE				

COMPLETION						
Depth of completed well:						
Depth(s)	groun	dwate	r encounter	ed:		
(1)	ft.;	(2) _	ft.;			
(3)	_ ft.;	(4)	dry well			
Static water level in well: ft.						
measu on (m			and surface			
measu on (m			and surface			
Estimated	l yield	:	gpm			
Water lev	el was		ft. after		hours	

er level was: \_ gpm

pumping \_\_\_\_ Pump installed? Yes No

Water well disinfected? Yes No

Date disinfected (mm/dd/yy):

Aquifer,	if known:

NEAREST SOURCE OF POTENTIAL CONTAMINATION						
Source:						
Distance from well:	Direction from well:					
Source description:						
Source:						
Distance from well:	Direction from well:					
Source description:						
No potential source of contamination within 100 feet.						
PERMIT & ID NUMBERS (AS REQUIRED)						
DWR Application N	Jo ·					
KDHE / EPA Project Code:						
Site Name						

Site Name:			
KDHE UIC Class V Fo	orm Completed:	Yes	No
County Permit: Yes	No Permit ID:		
Lease Name & Well #:			
# of boreholes:	# of dewatering w	ells: _	

FROM	то	LITHOLOGY INTERVALS
	<b>T</b> C	

#### COMMENTS

## CONTRACTOR'S OR LANDOWNERS CERTIFICATION

This water well was constructed	reconstructed	pursuant to the stated water well					
contractor's license and was complete	ed on	. 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	nse No	under the authority of the designated					
person as defined in K.A.R. 28-30-20	j) and signed and c	ertified by the electronic signature of the					
designated person at its submittal:		·					
Send one copy to WATER WELL OWNER	and retain one for you	r records. Fee of \$5.00 for each constructed well					
KANSAS DEPAR	TMENT OF HEALTH	AND ENVIRONMENT					

Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367 (785) 296-3565 | K.S.A. 82a-1212 | v2022c