KOLAR Document ID: 1716824

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				

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 *variance not required fo	roved?* Yes No		
or environmental reme	U U		
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	no.:		
Grout interval: ft. to	oft.		
Grout material:			
Grout interval: ft. to	oft.		
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	ft.		
Gravel pack not used:			
From ft. to			

	County					
WELL	WATER U	SE				
сом	PLETION					
Dept	th of compl	eted wel	l:		ft.	
	th(s) groun					
(1)	ft.;	(2)	ft.;			
(3) _	ft.;	(4)	dry well			
Static water level in well: ft.						
	neasured be n (mm/dd/		l surface			
measured above land surface on (mm/dd/yy):						
Estir	nated yield	:	_gpm			
Wate	er level was:		_ft. after		hours	
		1	pumping		gpm	
Pum	p installed	Yes	No			
Wate	er well disir	fected?	Yes	No		

NEAREST SOURCE OF F	POTENTIAL CONTAMIN	ATION
Source:		
Distance from well:	Direction from well:	
Source description:		
Source:		
Distance from well:	Direction from well:	
Source description:		
No potential sourc within 100 feet.	e of contamination	
PERMIT & ID NUMBER	S (AS REQUIRED)	
DWR Application No.	:	
KDHE / EPA Project C	Code:	
Site Name:		
KDHE UIC Class V Fo	orm Completed: Yes	No
County Permit: Yes	No Permit ID:	

Aquifer, if known:

Date disinfected (mm/dd/yy):

LITHOLOGIC LOG

то	LITHOLOGY INTERVALS
	то

Lease Name & Well #:

of boreholes: _____ # of dewatering wells: _

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 rec	ord 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