KOLAR Document ID: 1717034

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Original Record

Correction

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: from _____ ft. _in. from _____to ____ ft. in. Casing height above land surface: in. If casing height is less than 12 in. has a variance been approved?* Yes No *variance not required for monitoring or environmental remediation wells Casing type:_ Blank casing interval: _____ ft. to ft. Blank casing diameter: _____in. Casing joints: lbs/ft. Weight: Wall thickness or gauge no.: ft. to ft. Blank casing interval: Blank casing diameter: _____ in. Casing joints: ____lbs/ft. Weight: Wall thickness or gauge no.: Grout interval: ft. to ft. Grout material: _____ ft. to _____ ft. Grout interval: Grout material: Screen / perforation material: Screen / perforation openings: Screen / perforation intervals: From _____ft. to _____ft. Slot size _____ unit ____ From_____ft. to _____ft. Slot size _____ unit _____

Gravel	pack	intervals:
--------	------	------------

Gravel pa	ck not used:	Gravel size	
From	ft. to	ft.	
Gravel pa	ck not used:	Gravel size	
From	ft. to	ft.	

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 on (mm/dd/yy):					
measured above land surface 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 C	OF POTENTIAL CONTAM	INATIC
Source:		
Distance from well:	Direction from well:	
Source description:		
Source:		
Distance from well:	Direction from well:	
Source description:		
No potential so within 100 feet.	urce of contamination	
PERMIT & ID NUME	BERS (AS REQUIRED)	
DWR Application 1	No.:	
11	ct Code:	
Site Name:		
KDHE UIC Class V	/ Form Completed: Ye	es N

County Permit: Yes No Permit ID:

:: ______ # of boreholes: _______# of dewatering wells:

Aquifer,	if known:

LITHOLOGIC LOG

FROM	то	LITHOLOGY INTERVALS

COMMENTS

in

in

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 reco	ord was completed on		
under the business name of		,		
Kansas Water Well Contractor's Licer	1se No	_ under the authority of the designated		
person as defined in K.A.R. 28-30-2(j	i) 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 your records. Fee of \$5.00 for each constructed well				
KANSAS DEPARTMENT 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