## KOLAR Document ID: 1717997

# WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Correction

Original Record

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

### LOCATION OF WATER WELL

Latitude	Longitu	e	Section	Township	Range	E W	Fraction	1/4	1⁄4	1⁄4
Datum	Elevatio	1	County							

#### WATER WELL OWNER

Name				
Business				
Address				
Well location				
at owner's address				
CONSTRUCTION				

#### CONSTRUCTION

Borehole interval:	Borehole	diameter:				
fromto	_ ft.	_	in.			
fromto	_ 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 rec or environment	•		0			
Casing type:						
Blank casing interval	l:	ft. to	ft.			
Blank casing diamete	er:	in.				
Casing joints:						
Weight:	lbs	/ft.				
Wall thickness or	r gauge i	no.:				
Blank casing interval	l:	ft. to	ft.			
Blank casing diamete	er:	in.				
Casing joints:						
Weight:lbs/ft.						
Wall thickness or gauge no.:						
Grout interval:	ft. to	ft.				
Grout material:			_			
Grout interval: ft. toft.						
Grout material:						
Screen / perforation	material	:				
Screen / perforation	opening	gs:				
Screen / perforation i	intervals	:				
Fromft. to		_ft.				
Slot size	unit					
From ft. to		_ft.				
Slot size	unit					
Gravel pack intervals	s:					
Gravel pack not u	ised:	Gravel size	e in			
From ft.						
Gravel pack not u			ein			
From ft.						

	County						
WELL WATER USE							
сом	COMPLETION						
Dept	th of comp	leted wel	l:		ft.		
_	Depth of completed well:ft. Depth(s) groundwater encountered:						
(1)_	(1) ft.; (2) ft.;						
(3)_	ft.;	(4)	dry well				
Stati	Static water level in well: ft.						
measured below land surface on (mm/dd/yy):							
measured above land surface on (mm/dd/yy):							
Estir	nated yield	l:	_gpm				
Wate	er level wa	s:	_ft. after		hours		
		1	pumping		gpm		
Pum	p installed	l? Yes	No				
Wate	Water well disinfected? Yes No						
Date	Date disinfected (mm/dd/yy):						

IEAREST SOURCE	OF POTENTIAL CONTAMINATION
Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance	Direction from well:
Source description:	
No potential so within 100 feet	ource of contamination
PERMIT & ID NUM	BERS (AS REQUIRED)
DWR Application	No.:
KDHE / EPA Proje	ect Code:
Site Name:	
KDHE UIC Class	V Form Completed: Yes No
County Permit:	Yes No Permit ID:
Lease Name & Wel	11 #:

# of boreholes: \_\_\_\_\_ # of dewatering wells: \_

# Aquifer, if known:

FROM	то	LITHOLOGY INTERVALS			

#### COMMENTS

#### CONTRACTOR'S OR LANDOWNERS CERTIFICATION

This water well was constructed	reconstructed	pursuant to the stated water well
contractor's license and was complete	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. 28-30-2(	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