### KOLAR Document ID: 1710736

## WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Correction

Lease Name & Well #: \_\_\_\_

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

Original Record

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

#### LOCATION OF WATER WELL

| Latitude | Longitude | Section | Т | Township | F | 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 su   |                    |
| If casing height is less th<br>has a variance been app<br>*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 USE |                           |            |             |     |       |  |  |
|                |                           |            |             |     |       |  |  |
| сом            | PLETION                   |            |             |     |       |  |  |
| Dept           | th of compl               | eted wel   | l:          |     | ft.   |  |  |
|                | th(s) groun               |            |             |     |       |  |  |
| (1)            | ft.;                      | (2)        | ft.;        |     |       |  |  |
| (3) _          | ft.;                      | (4)        | dry well    |     |       |  |  |
| Stati          | c water leve              | el in well | :           | ft. |       |  |  |
|                | neasured be<br>on (mm/dd/ |            | l surface   |     |       |  |  |
|                | neasured at<br>on (mm/dd/ |            | l surface   |     |       |  |  |
| 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                     | POTENTIAL CONTAMINATION |
|---------------------------------------|-------------------------|
| 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 sour<br>within 100 feet. | ce of contamination     |
| PERMIT & ID NUMBE                     | RS (AS REQUIRED)        |
| DWR Application No                    | .:                      |
| KDHE / EPA Project                    | Code:                   |
| Site Name:                            |                         |
| KDHE UIC Class V F                    |                         |
| County Permit: Yes                    | s No Permit ID:         |

# Aquifer, if known:

Date disinfected (mm/dd/yy):

| 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 record was completed on                       |                                       |  |  |  |  |  |
| under the business name of   |                                       | ······,  |  |  |  |  |
| Kansas Water Well Contractor's Licer   | nse 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 you                | r 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