KOLAR Document ID: 1713938

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 | 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 the has a variance been appr *variance not required fo | roved?* Yes No | | | | | |
| or environmental remed | 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 | ft. | | | | | |
| Grout material: | | | | | | |
| Grout interval: ft. to | oft. | | | | | |
| Grout material: | | | | | | |
| | | | | | | |
| Screen / perforation material | : | | | | | |
| Screen / perforation opening | gs: | | | | | |
| Screen / perforation intervals | S: | | | | | |
| 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 on (mm/dd/ | | l surface | | | |
| measured above land surface on (mm/dd/yy): | | | | | | |
| Estir | nated yield | : | _gpm | | | |
| Water level was:ft. afterh | | | hours | | | |
| | | 1 | pumping | | gpm | |
| Pum | p installed | Yes | No | | | |
| Wate | er well disir | fected? | Yes | No | | |

| NEAREST SOURCE O | F POTENTIAL CONTAMINATION | | | | |
|--------------------------------------|---------------------------|--|--|--|--|
| Source: | | | | | |
| Distance from well: | Direction from well: | | | | |
| Source description: | | | | | |
| Source: | | | | | |
| Distance from well: | Direction from well: | | | | |
| Source description: | | | | | |
| No potential sou within 100 feet. | arce of contamination | | | | |
| PERMIT & ID NUMBERS (AS REQUIRED) | | | | | |
| DWR Application N | No.: | | | | |
| KDHE / EPA Projec | ct Code: | | | | |
| Site Name: | | | | | |
| | Form Completed: Yes No | | | | |
| County Permit: | les 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 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