KOLAR Document ID: 1710107

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: Distance

from well:

from well:

Site Name:

within 100 feet.

DWR Application No.:___

Lease Name & Well #:

Source description:

Source description: Source: Distance

Correction

Original Record

WELL ID Change in Well Use

NEAREST SOURCE OF POTENTIAL CONTAMINATION

No potential source of contamination

PERMIT & ID NUMBERS (AS REQUIRED)

KDHE / EPA Project Code:

County Permit: Yes No Permit ID: _

KDHE UIC Class V Form Completed: Yes No

Direction

from well:

Direction

from well:

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:					
fromtoft.	in.					
fromtoft.	in.					
Casing height above land surface:i						
If casing height is less than 12 in. has a variance been approved?* Yes						
*variance not required for or environmental reme						
Casing type:						
Blank casing interval:	ft. toft.					
Blank casing diameter:	in.					
Casing joints:						
Weight:lb	s/ft.					
Wall thickness or gauge	no.:					
Blank casing interval:	ft. toft.					
Blank casing diameter:	in.					
Casing joints:						
Weight:lb	s/ft.					
Wall thickness or gauge						
Grout interval: ft. to	oft.					
Grout material:						
Grout interval: ft. to	oft.					
Grout material:						
Screen / perforation material	l:					
Screen / perforation opening	gs:					
Screen / perforation interval	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						
Gravel pack not used:						
From ft. to						

	County							
WELL WATER USE								
сомі	PLETION							
Dept	th of compl	eted w	ell:			ft.		
Dept	th(s) groun	dwateı	enc	ountere	ed:			
(1)_	ft.;	(2)		ft.;				
(3) _	ft.;	(4)	dry	v well				
Stati	c water leve	el in we	ell: _		_ft.			
	neasured be n (mm/dd/		nd s	urface				
	neasured ab n (mm/dd/		nd si	urface				
Estir	nated yield	:	€	gpm				
Wate	er level was:	:	f	t. after		hours		
			pu	mping_		gpm		
Pum	p installed	Ye	es	No				

Water well disinfected? Yes No

Date disinfected (mm/dd/yy):

Aqu

LITH

Aquifer, if known:			# of boreholes: # of dewatering wells:
ITHOLOGIC LOG			
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 Lice	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