KOLAR Document ID: 1719371

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Correction

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

Borehole interval:	Borehole diameter:
fromtoft.	in.
fromtoft.	in.
Casing height above land su	
If casing height is less th has a variance been app	roved?* Yes No
*variance not required f or environmental reme	
Casing type:	
Blank casing interval:	ft. toft.
Blank casing diameter:	in.
Casing joints:	
Weight:lb	s/ft.
Wall thickness or gauge	
Blank casing interval:	ft. toft.
Blank casing diameter:	in.
Casing joints:	
Weight:lb	
Wall thickness or gauge	
Grout interval: ft. to	oft.
Grout material:	
Grout interval: ft. to	oft.
Grout material:	
Screen / perforation materia	l:
Screen / perforation openin	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	ft.
Gravel pack not used:	
From ft. to	

	County					
WELL WATER USE						
сом	PLETION					
Dept	th of comp	leted well	:		ft.	
	th(s) groun					
(1)_	ft.;	(2)	ft.;			
(3) _	(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):						
Estimated yield: gpm						
Wate	er level wa	6:	ft. after	·	hours	
		I	oumping		gpm	
Pum	p installed	? Yes	No			
Wate	Water well disinfected? Yes No					
Date disinfected (mm/dd/yy):						

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

of boreholes: _____ # of dewatering wells: ____

Aquifer, if known:

LITHOLOGIC LOG						
FROM	то	LITHOLOGY INTERVALS				
	1	l				

COMMENTS

CONTRACTOR'S OR LANDOWNERS CERTIFICATION

This water well was constructed	reconstructed	pursuant to the stated water well
contractor's license and was completed	on	I certify that this record is true to
the best of my knowledge and belief. The	his water well reco	ord was completed on
under the business name of		,
Kansas Water Well Contractor's License	e No	_ under the authority of the designated
person as defined in K.A.R. 28-30-2(j)	and signed and co	ertified by the electronic signature of the
designated person at its submittal:		
Send one copy to WATER WELL OWNER and	d retain one for you	r records. Fee of \$5.00 for each constructed well
KANSAS DEPARTM	MENT 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