### KOLAR Document ID: 1719204

## WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: Distance

from well:

from well:

Site Name:

within 100 feet.

DWR Application No.:\_ KDHE / EPA Project Code: \_\_\_\_

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

KDHE UIC Class V Form Completed: Yes No

County Permit: Yes No Permit ID:

PERMIT & ID NUMBERS (AS REQUIRED)

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				

#### CONSTRUCTION

Borehole interval:	Borehole diameter:					
fromtoft.	in.					
fromtoft.	in.					
Casing height above land surface:in.						
If casing height is less than 12 in. has a variance been approved?* Yes N						
*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 no.:						
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							
сом	PLETION						
Dept	th of compl	eted we	11:		ft.		
	th(s) groun						
(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		gpm				
	er level was:				hours		
			pumping		gpm		
Pum	p installed?	Yes	No				
Wate	er well disir	fected?	Yes	No			

Date disinfected (mm/dd/yy):

# Aquifer, if known:

FROM

## Lease Name & Well #: # of boreholes: \_\_\_\_\_ # of dewatering wells: \_ LITHOLOGIC LOG 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 reco	ord was completed on				
under the business name of		,				
Kansas Water Well Contractor's Licen	se 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 a	nd retain one for your	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