### KOLAR Document ID: 1718616

## 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

Borehole interval:	Borehole diameter:
fromtoft.	in.
fromtoft.	in.
Casing height above land su	
If casing height is less th has a variance been app	
*variance not required for 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	
Grout interval: ft. to	oft.
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 USE							
сом	PLETION						
Dep	th of compl	eted well	:		ft		
Dep	th(s) groun	dwater ei	ncounter	ed:			
(1)_	ft.;	(2)	ft.;				
(3) _	ft.;	(4) d	lry well				
Stati	ic water leve	el in well:		ft.			
-	neasured be on (mm/dd/		surface				
-	neasured ab on (mm/dd/		surface				
Estiı	mated yield	:	gpm				
Wate	er level was:		ft. after		hours		
		p	oumping		gpm		
Pun	np installed?	Yes	No				
Wate	er well disir	fected?	Yes	No			

NEAREST SOURCE OF	POTENTIAL CONTAMINATION
Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential sourc within 100 feet.	ce of contamination
PERMIT & ID NUMBER	RS (AS REQUIRED)
DWR Application No.	.:
	Code:
Cite Manuel	
KDHE UIC Class V F	
County Permit: Yes	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	ed on	I certify that this record is true to
the best of my knowledge and belief.	This water well rec	cord 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	j) and signed and c	certified by the electronic signature of the
designated person at its submittal:		·
Send one copy to WATER WELL OWNER a	and retain one for you	ir 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