## KOLAR Document ID: 1717754

# WATER WELL RECORD (WWC-5)

KOLAR DOC ID \_\_\_\_\_

Source: \_ Distance

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 surface:in					
If casing height is less than 12 in. has a variance been approved?* Yes					
*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 U	SE			
сом	PLETION				
Dep	th of comp	leted wel	l:		ft
	th(s) groui				
(1)_	ft.;	(2)	ft.;		
(3) _	ft.;	(4)	dry well		
Stati	c water lev	el in well	:	ft.	
	neasured b on (mm/dd		l surface		
	neasured a on (mm/dd		l surface		
Estir	nated yield	l:	_gpm		
Water level was: ft. afterhou				hours	
		1	pumping		gpm
Pum	ıp installed	? Yes	No		
Wate	er well disi	nfected?	Yes	No	

from well: from well:			
Source description:			
Source:			
Distance from well:	Direction from well:		
Source description:			
No potential source within 100 feet.	of contamination		
PERMIT & ID NUMBERS	(AS REQUIRED)		
DWR Application No.:_			
KDHE / EPA Project Co	ode:		
Site Name:			
KDHE UIC Class V For	rm Completed: Yes No		
County Permit: Yes	No Permit ID:		
Lease Name & Well #:			

# of boreholes: \_\_\_\_\_ # of dewatering wells: \_

NEAREST SOURCE OF POTENTIAL CONTAMINATION

Direction

## Aquifer, if known:

Date disinfected (mm/dd/yy):

## LITHOLOGIC 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 complet	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. 28-30-2(	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