## KOLAR Document ID: 1720447

# 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:

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

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 su	
If casing height is less th has a variance been app *variance not required fe or environmental reme	an 12 in. roved?* Yes No or monitoring
Casing type:	
Blank casing interval:	ft. to ft.
Blank casing diameter:	
Casing joints:	
Weight:lbs	s/ft.
Wall thickness or gauge	no.:
Blank casing interval:	
Blank casing diameter:	in.
Casing joints:	
Weight:lbs	s/ft.
Wall thickness or gauge	no.:
Grout interval: ft. to	pft.
Grout material:	
Grout interval: ft. to	oft.
Grout material:	
Screen / perforation material Screen / perforation opening	
Screen / perforation intervals	
Fromft. to	
Slot size unit	
Fromft. to	
Slot size unit	
Gravel pack intervals:	
Gravel pack not used:	Gravel size in
From ft. to	ft.
Gravel pack not used:	Gravel size in
From ft. to	ft.

	County						
WELL	WATER U	SE					
сом	PLETION						
Dept	th of compl	eted wel	l:		f		
Dep	th(s) groun	dwater e	ncountere	ed:			
(1)_	ft.;	(2)	ft.;				
(3) _	ft.;	(4)	dry well				
Stati	c water leve	el in well	:	_ft.			
measured below land surface on (mm/dd/yy):							
measured above land surface on (mm/dd/yy):							
Estir	nated yield	:	_gpm				
Wate	er level was	·	ft. after		hours		
		1	pumping_		gpm		
Pum	p installed	? Yes	No				

Water well disinfected? Yes No

Date disinfected (mm/dd/yy):

# Aquifer, if known:

## LIT

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 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 ce	ertified 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 DEPART	MENT OF HEALTH A	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