KOLAR Document ID: 1720243

WATER WELL RECORD (WWC-5)

KOLAR DOC ID _____

Original Record

Correction

Lease Name & Well #: ___

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	COMPLETION							
Dept	ft.							
-	-	ndwater encounter						
(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	l: gpm						
Wate	er level wa	s: ft. after	·	hours				
		pumping		gpm				
Pum	p installec	? Yes No						
Wate	er well disi	nfected? Yes	No					
Date disinfected (mm/dd/yy):								

NEAREST SOURCE O	F POTENTIAL CONTAMINATION			
Source:				
Distance from well:	Direction from well:			
Source description:				
Source:				
Distance	Direction			
from well:	from well:			
Source description:				
No potential sou within 100 feet.	arce of contamination			
PERMIT & ID NUMB	SERS (AS REQUIRED)			
DWR Application N	No.:			
KDHE / EPA Projec	ct Code:			
KDHE UIC Class V Form Completed: Yes No				
County Permit: Y	les No Permit ID:			

of boreholes: _____ # of dewatering wells: _

Aquifer, if known:

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	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