KOLAR Document ID: 1719879

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: Distance

from well:

Source description:

Source:

Distance

Source

from well:

description:

Site Name:

within 100 feet.

DWR Application No.:___

Lease Name & Well #:

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:

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:					
fromto	_ ft.	_	in.			
fromto	_ ft.	_	in.			
Casing height above land surface:in.						
If casing height is less than 12 in. has a variance been approved?* Yes No						
*variance not rec or environment	•		0			
Casing type:						
Blank casing interval	l:	ft. to	ft.			
Blank casing diamete	er:	in.				
Casing joints:						
Weight:	lbs	s/ft.				
Wall thickness or	r gauge i	no.:				
Blank casing interval	l:	ft. to	ft.			
Blank casing diamete	er:	in.				
Casing joints:	Casing joints:					
	lbs					
Wall thickness or gauge no.:						
Grout interval:	ft. to	ft.				
Grout material:			_			
Grout interval:	ft. to	ft.				
Grout material:						
Screen / perforation	material	:				
Screen / perforation	opening	gs:				
Screen / perforation i	intervals	:				
Fromft. to		_ft.				
Slot size	unit					
From ft. to		_ft.				
Slot size	unit					
Gravel pack intervals	s:					
Gravel pack not u	ised:	Gravel size	e in			
From ft.						
Gravel pack not u			ein			
From ft.						

WELL WATER USE COMPLETION Depth of completed well: ft. Depth(s) groundwater encountered: (1) ft.; (2) ft.; (3) ft.; (4) dry well ft. Static water level in well: measured below land surface on (mm/dd/yy): measured above land surface on (mm/dd/yy): gpm Estimated yield: Water level was: ____ft. after _____ hours pumping ____ gpm Pump installed? Yes No Water well disinfected? Yes No

Date disinfected (mm/dd/yy):

LITH

Aquifer, if known:			# of boreholes: # of dewatering wells:		
ITHOLOG	iic 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 rec	ord was completed on			
under the business name of		······,			
Kansas Water Well Contractor's License 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	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