KOLAR Document ID: 1721011

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	Т	Township	F	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 for or environmental reme	Ũ
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 interval	s:
Fromft. to	_ft.
Slot size unit	
From ft. to	_ft.
Slot size unit	
Gravel pack intervals:	
Gravel pack not used:	Gravel size in
From ft. to	
	Gravel size in
From ft. to	

WELL	WATER	USE

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

Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential sou within 100 feet.	arce of contamination
ERMIT & ID NUMB	ERS (AS REQUIRED)
DWR Application N	No.:
KDHE / EPA Projec	et Code:
C:4 . NT	
KDHE UIC Class V	Form Completed: Yes No

Aquifer, if known:

Date disinfected (mm/dd/yy): _

LITHOLOG	GIC 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 record was completed on					
under the business name of		,			
Kansas Water Well Contractor's Lices	nse 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 DEPARTMENT 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