KOLAR Document ID: 1721378

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	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 the has a variance been appr *variance not required fo	roved?* Yes No						
or environmental remed	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/ft.							
Wall thickness or gauge no.:							
Grout interval: ft. to	ft.						
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 USE								
COMPLETION								
Dept	th of comp	leted w	vell:			f	t.	
	Depth(s) groundwater encountered:							
(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	:	g	pm				
Wate	er level was	:	ft	. after	•	hours		
			pun	nping		gpm		
Pum	p installed	? Y	es	No				
Wate	er well disin	nfected	?	Yes	No			

NEAREST SOURCE OF	POTENTIAL CONTAMINATION
Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential sour within 100 feet.	rce of contamination
PERMIT & ID NUMBE	RS (AS REQUIRED)
DWR Application No	0.:
	Code:
Site Name:	
KDHE UIC Class V	
County Permit: Ye	es No Permit ID:

Aquifer, if known:

Date disinfected (mm/dd/yy):

FROM	то	LITHOLOGY INTERVALS					
	1	I					

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 record 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