Change in Well Use

WELL ID_

Correction

KOLAR DOC ID

(785) 296-3565 | K.S.A. 82a-1212 | v2022c

Original Record

WATER WELL RECORD (WWC-5)

LOCATION	OF V	ATER WELI	L													
Latitude			Longitude			Section		Township		Range	E W	Fraction	1/4	1/4	1/4	
Datum			Elevation			County										
WATER WE	LL O	WNER			WELL	WATER U	SE				NEAREST S	OURCE OF	POTENTIAL	CONTAMI	NATION	
Name											Source:					
Business					COM	PLETION					Distance		Directi			
Address				Depth of completed well:ft. Depth(s) groundwater encountered:						from well: from well: Source description:						
Well location				(1) ft.; (2) ft.; (3) ft.; (4) dry well						Source: Distance Direction from well:						
at owner's address					Static water level in well: ft. measured below land surface on (mm/dd/yy):						Source description:					
CONSTRUCTION					measured above land surface						No potential source of contamination within 100 feet.					
Borehole interval: Borehole diameter:					on (mm/dd/yy):											
fromtoftin. fromtoftin.					Estimated yield: gpm Water level was: ft. after hours pumping gpm						DWR Application No.: KDHE / EPA Project Code:					
Casing height above land surface:in. If casing height is less than 12 in. has a variance been approved?* Yes No					Pump installed? Yes No Water well disinfected? Yes No						Site Name: KDHE UIC Class V Form Completed: Yes No					
*variance not required for monitoring or environmental remediation wells					Date disinfected (mm/dd/yy):						County Permit: Yes No Permit ID:					
Casing type:											Lease Name & Well #: # of dewatering wells:					
Blank casing interval:ft. toft.					Aquifer, if known:						# of boren	ioles:	# of dewar	ering wells:	·	
Blank casing diameter:in.					LITH	DLOGIC LO	OG									
Casing joints:					FRC	ом т) L	ITHOLOGY II	NTERVA	LS						
Weight:lbs/ft.																
			no.:	I												
	-		ft. to	ft.												
Blank casing diameter:in.																
Casing joints:																
Weight:lbs/ft. Wall thickness or gauge no.:																
vvali t	nickno	ess or gauge i	no.:													
		ft. to														
		rial:														
Grout interval: ft. toft. Grout material:					COMMENTS											
Screen / p	erfora	tion material:	:													
Screen / perforation openings:					CONTRACTOR'S OR LANDOWNERS CERTIFICATION											
Screen / perforation intervals:					This water well was constructed reconstructed pursuant to the stated water well											
Fromft. toft.					contractor's license and was completed on I certify that this record is true to											
Slot size unit						the best of my knowledge and belief. This water well record was completed on										
From ft. toft.						under the business name of,										
Slot size unit						Kansas Water Well Contractor's License No under the authority of the designated										
Gravel pack intervals:																
Grave	not used:	Gravel size _	in	person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the												
From ft. to ft.					designated person at its submittal:											
		Gravel size _	in	Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.												
From		_ ft. to	ft.		KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367											