KOLAR Document ID: 1716548

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				

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 *variance not required fo	roved?* Yes No		
or environmental reme	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	s/ft.		
Wall thickness or gauge	no.:		
Grout interval: ft. to	oft.		
Grout material:			
Grout interval: ft. to	oft.		
Grout material:			
Screen / perforation material	:		
Screen / perforation opening	gs:		
Screen / perforation intervals	8:		
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 US	5E			
сомр	LETION				
Dept	h of compl	eted we	ll:		ft.
Dept	h(s) groun	dwater e	encounter	ed:	
(1)	ft.;	(2)	ft.;		
(3)	ft.;	(4)	dry well		
Static water level in well: ft.					
	neasured be n (mm/dd/		d surface		
measured above land surface on (mm/dd/yy):					
Estin	nated yield:		_ gpm		
Wate	r level was:		ft. after		hours
			pumping		gpm
Pum	p installed?	Yes	No		
Wate	r well disin	fected?	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 NUMBERS (AS REQUIRED)					
DWR Application No	0.:				
KDHE / EPA Project Code:					
Site Name:					
KDHE UIC Class V	Form Completed: Yes No				
County Permit: Ye	es No Permit ID:				

Aquifer, if known:

Date disinfected (mm/dd/yy):

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 Lice	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 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