KOLAR Document ID: 1724217

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Correction

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	roved?* Yes No
*variance not required f or environmental reme	
Casing type:	
Blank casing interval:	ft. toft.
Blank casing diameter:	in.
Casing joints:	
Weight:lb	s/ft.
Wall thickness or gauge	
Blank casing interval:	ft. toft.
Blank casing diameter:	in.
Casing joints:	
Weight:lb	
Wall thickness or gauge	
Grout interval: ft. to	oft.
Grout material:	
Grout interval: ft. to	oft.
Grout material:	
Screen / perforation materia	l:
Screen / perforation openin	gs:
Screen / perforation interval	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						
сом	PLETION					
Dept	th of comp	leted wel	l:		ft.	
Dept	- th(s) groui	ndwater e	encounter	ed:		
(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						
Wate	er level wa	s:	ft. after		hours	
		1	pumping		gpm	
Pum	p installed	l? Yes	No			
Water well disinfected? Yes No						
Date disinfected (mm/dd/yy):						

Source:	
Distance	Direction
from well:	from well:
Source description:	
Source:	
Distance	Direction
from well:	from well:
Source description:	
No potential so within 100 feet.	urce of contamination
ERMIT & ID NUME	BERS (AS REQUIRED)
DWR Application 1	No.:
KDHE / EPA Proje	ct Code:
Site Name:	
KDHE UIC Class V	/ Form Completed: Yes No
County Permit:	Yes No Permit ID:
Lease Name & Well	1 #:

of boreholes: _____ # of dewatering wells: _

Aquifer, if known:

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 complete	ed on	. 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