# KOLAR Document ID: 1724157

# WATER WELL RECORD (WWC-5)

**KOLAR DOC ID** 

Source: Distance

from well:

Source description:

Correction

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	s/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								
сом	COMPLETION							
Dep	th of comp	leted w	vell:		ft.			
Dep	th(s) grour	ndwate	r encounter	red:				
(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):								
Estir	nated yield	l:	gpm					
Wate	er level was	:	ft. after		hours			
			pumping		gpm			
Pum	ıp installed	? ү	es No					

Water well disinfected?	Yes	No		
Date disinfected (mm/dd/yy):				

Date disinfected (mm/dd/yy): _	
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#### Source: Distance Direction from well: from well: Source description: No potential source of contamination within 100 feet.

NEAREST SOURCE OF POTENTIAL CONTAMINATION

Direction

from well:

# **PERMIT & ID NUMBERS (AS REQUIRED)**

DWR Application No.:					
KDHE / EPA Project Code:					
Site Name:					
KDHE UIC Class V Form Completed: Yes No					
County Permit: Yes No Permit ID:					
Lease Name & Well #:					
# of boreholes: # of dewatering wells:					

# Aquifer, if known: LITHOLOGIC 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 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 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