### KOLAR Document ID: 1724154

## WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Original Record

Correction

Lease Name & Well #: \_\_\_\_

# of boreholes: \_\_\_\_\_ # of dewatering wells: \_

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				
CONCEPTION				

#### CONSTRUCTION

Borehole interval:	Borehole	diameter:				
fromto	_ ft.	_	in.			
fromto	_ ft.	_	in.			
Casing height above land surface:in.						
If casing height is less than 12 in. has a variance been approved?* Yes No						
*variance not required for monitoring or environmental remediation wells						
Casing type:						
Blank casing interval	l:	ft. to	ft.			
Blank casing diamete	er:	in.				
Casing joints:						
Weight:	lbs	/ft.				
Wall thickness or	r gauge i	no.:				
Blank casing interval	l:	ft. to	ft.			
Blank casing diamete	er:	in.				
Casing joints:						
	lbs					
Wall thickness or gauge no.:						
Grout interval: ft. to ft.						
Grout material:			_			
Grout interval: ft. toft.						
Grout material:						
Screen / perforation	material	:				
Screen / perforation	opening	gs:				
Screen / perforation intervals:						
Fromft. to		_ft.				
Slot size unit						
From ft. to		_ft.				
Slot size	unit					
Gravel pack intervals	s:					
Gravel pack not u	ised:	Gravel size	e in			
From ft.						
Gravel pack not u			ein			
From ft.						

	County							
WELL WATER USE								
сом	COMPLETION							
Dept	th of comp	leted wel	11:		ft.			
	Depth of completed well:ft. Depth(s) groundwater encountered:							
(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	:	_gpm					
Wate	er level was	:	ft. after		hours			
			pumping		gpm			
Pum	ıp installed	? Yes	No					
Wate	er well disi	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.	ce of contamination
PERMIT & ID NUMBE	RS (AS REQUIRED)
DWR Application No	.:
	Code:
C'( )]	
KDHE UIC Class V F	
County Permit: Yes	s 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 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