KOLAR Document ID: 1723854

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: Distance

from well:

from well:

Site Name:

within 100 feet.

DWR Application No.:___

Lease Name & Well #:

Source description:

Source description: Source: Distance

Correction

Original Record

WELL ID Change in Well Use

NEAREST SOURCE OF POTENTIAL CONTAMINATION

No potential source of contamination

PERMIT & ID NUMBERS (AS REQUIRED)

KDHE / EPA Project Code:

County Permit: Yes No Permit ID:

KDHE UIC Class V Form Completed: Yes No

Direction

from well:

Direction

from well:

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 | | | | |
| CONCERNICEION | | | | |

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 or environmental remee | roved?* Yes No or monitoring |
| Casing type: | |
| Blank casing interval: | ft. to ft. |
| Blank casing diameter: | |
| Casing joints: | |
| Weight:lbs | s/ft. |
| Wall thickness or gauge | no.: |
| Blank casing interval: | |
| Blank casing diameter: | in. |
| Casing joints: | |
| Weight:lbs | s/ft. |
| Wall thickness or gauge | no.: |
| Grout interval: ft. to | pft. |
| Grout material: | |
| Grout interval: ft. to | oft. |
| Grout material: | |
| | |
| Screen / perforation material | : |
| Screen / perforation opening | gs: |
| Screen / perforation intervals | 5: |
| Fromft. to | _ft. |
| Slot size unit _ | |
| Fromft. to | _ft. |
| Slot size unit _ | |
| Gravel pack intervals: | |
| Gravel pack not used: | |
| From ft. to | |
| | Gravel size in |
| From ft. to | ft. |

| ft |
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Water well disinfected? Yes No

Date disinfected (mm/dd/yy):

Aq

LITH

| Aquifer, if known: | | | # of boreholes: # of dewatering wells: |
|--------------------|--------|---------------------|--|
| ITHOLOG | IC LOG | | |
| FROM | то | LITHOLOGY INTERVALS | |
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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 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. 28-30-20 | 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 DEPARTMENT 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