KOLAR Document ID: 1722732

WATER WELL RECORD (WWC-5)

KOLAR DOC ID _____

Source: _ Distance

from well:

from well:

Site Name:

within 100 feet.

DWR Application No.:_____ KDHE / EPA Project Code: ____

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

KDHE UIC Class V Form Completed: Yes No

County Permit: Yes No Permit ID: ____

of boreholes: _____ # of dewatering wells: _

PERMIT & ID NUMBERS (AS REQUIRED)

Direction

from well:

Direction

from well:

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

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 for or environmental reme	
Casing type:	
Blank casing interval:	ft. toft.
Blank casing diameter:	in.
Casing joints:	
Weight:lb	s/ft.
Wall thickness or gauge	no.:
Blank casing interval:	ft. toft.
Blank casing diameter:	in.
Casing joints:	
Weight:lb	s/ft.
Wall thickness or gauge	
Grout interval: ft. to	oft.
Grout material:	
Grout interval: ft. to	oft.
Grout material:	
Screen / perforation material	l:
Screen / perforation opening	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	
Gravel pack not used:	
From ft. to	

	County					
WELL WATER USE						
сом	PLETION					
Dep	th of compl	eted w	ell:		ft.	
Dep	th(s) groun	dwater	encountere	ed:		
(1)_	ft.;	(2)	ft.;			
(3) _	ft.;	(4)	dry well			
Stati	c water leve	el in we	ell:	_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	p installed	Ye	es No			

Water well disinfected? Yes No

Date disinfected (mm/dd/yy):

Aquifer, if known:

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 reco	ord was completed on				
under the business name of		······,				
Kansas Water Well Contractor's Licer	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 a	and retain one for you	r records. Fee of \$5.00 for each constructed well				
KANSAS DEPAR	FMENT 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