KOLAR Document ID: 1730801

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 | | | | |
| | | | | |

CONSTRUCTION

| Borehole interval: | | Borehole | diameter: | | | | |
|---------------------------------------|------------------------------|-------------|-----------|--|--|--|--|
| fromto | _ ft. | _ | in. | | | | |
| fromto | _ ft. | _ | in. | | | | |
| Casing height above land surface:in. | | | | | | | |
| If casing height is has a variance be | | | Yes No | | | | |
| *variance not rec or environment | • | | 0 | | | | |
| 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. to | ft. | | | | | |
| Grout material: | | | _ | | | | |
| | | | | | | | |
| Screen / perforation | material | : | | | | | |
| Screen / perforation | opening | gs: | | | | | |
| Screen / perforation i | 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 | PLETION | | | | | |
| Dept | Depth of completed well:ft. | | | | | |
| | th(s) groun | | | | | |
| (1)_ | ft.; | (2) | ft.; | | | |
| (3) _ | (3) ft.; (4) dry well | | | | | |
| Stati | 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 wa | 6: | ft. after | · | hours | |
| | | I | oumping | | gpm | |
| Pum | p installed | ? Yes | No | | | |
| Water well disinfected? Yes No | | | | | | |
| Date disinfected (mm/dd/yy): | | | | | | |

| NEAREST SOURCE OF PC | DTENTIAL CONTAMINATION |
|--------------------------------------|-------------------------|
| Source: | |
| Distance from well: | Direction from well: |
| Source description: | |
| Source: | |
| Distance from well: | Direction from well: |
| Source description: | |
| No potential source within 100 feet. | of contamination |
| PERMIT & ID NUMBERS | (AS REQUIRED) |
| DWR Application No.: | |
| KDHE / EPA Project Co | ode: |
| Site Name: | |
| KDHE UIC Class V For | m Completed: Yes No |
| County Permit: Yes | No Permit ID: |

Aquifer, if known:

| FROM | то | LITHOLOGY INTERVALS | | | | |
|------|----|---------------------|--|--|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | L | | | | |

COMMENTS

CONTRACTOR'S OR LANDOWNERS CERTIFICATION

| This water well was constructed | reconstructed | pursuant to the stated water well |
|------------------------------------|---------------------------------------|------------------------------------------------------|
| contractor's license and was comp | I certify that this record is true to | |
| the best of my knowledge and bel | ief. This water well rec | ord was completed on |
| under the business name of | | , |
| Kansas Water Well Contractor's L | icense 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 OWN | ER and retain one for you | rr records. Fee of \$5.00 for each constructed well. |
| KANSAS DEP | ARTMENT 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