KOLAR Document ID: 1725735

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	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	
CONCERNICE	

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 U	SE				
сом	PLETION					
Dept	th of comp	leted w	vell:			ft.
Dept	th(s) groun	dwate	r en	countere	d:	
(1)_	ft.;	(2) _		ft.;		
(3) _	ft.;	(4)	dı	y well		
Stati	c water lev	el in w	ell:		_ft.	
	neasured b n (mm/dd		ind	surface		
	neasured al n (mm/dd		nd	surface		
Estir	nated yield	:		gpm		
Wate	er level was	:		ft. after _		hours
			pι	umping_		gpm
Pum	p installed	? Y	es	No		

-			
Water well disinfected?	Yes	No	
$D_{1} = \frac{1}{2} \frac{1}$			

Date disinfected (mm/dd/yy): _	
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LITHOLOGIC LOG

ured above m/dd/yy):	land surface		N W
d yield:	gpm		PERN
rel was:	ft. after	hours	DW
	pumping	gpm	KDI
stalled?	Yes No		Site
			KDI

Source:	
Distance from well:	Direction from well:
Source description:	
No potential source of within 100 feet.	contamination
PERMIT & ID NUMBERS (A	S REQUIRED)
DWR Application No.:	
KDHE / EPA Project Code	2:
Site Name:	
KDHE UIC Class V Form	Completed: Yes No
County Permit: Yes	No Permit ID:

of boreholes: _____ # of dewatering wells: _

Lease Name & Well #:

NEAREST SOURCE OF POTENTIAL CONTAMINATION

Direction

from well:

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	ed on	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 co	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