### KOLAR Document ID: 1728855

## 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:
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	WELL WATER USE								
сом	PLETION								
Dept	th of comp	leted we	ell:		ft.				
Dept	Depth(s) groundwater encountered:								
(1)_	ft.;	(2)	ft.;						
(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	s:	ft. after		hours				
			pumping		gpm				
Pum	p installed	l? Ye	s 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 sou within 100 feet.	rce of contamination				
PERMIT & ID NUMB	ERS (AS REQUIRED)				
DWR Application N	lo.:				
KDHE / EPA Projec	t Code:				
Site Name:					
KDHE UIC Class V Form Completed: Yes No					
County Permit: Y	es No Permit ID:				

# Aquifer, if known:

Date disinfected (mm/dd/yy):

FROM	то	LITHOLOGY INTERVALS
		I

#### 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