# KOLAR Document ID: 1728477

# WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Correction

Original Record

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				
CONCEPTION				

#### 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 fe or environmental reme	an 12 in. 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	
Screen / perforation intervals	
Fromft. to	
Slot size unit	
Fromft. to	
Slot size unit	
Gravel pack intervals:	
Gravel pack not used:	Gravel size in
From ft. to	ft.
Gravel pack not used:	Gravel size in
From ft. to	ft.

	County						
WELL WATER USE							
сом	PLETION						
Dept	th of compl	eted we	ell:		ft.		
Dept	th(s) groun	dwater	encountere	ed:			
(1)_	ft.;	(2)	ft.;				
(3) _	ft.;	(4)	dry well				
Stati	c water leve	el in we	ll:	_ft.			
	neasured be n (mm/dd/		nd surface				
	neasured ab n (mm/dd/		nd surface				
Estir	nated yield	:	gpm				
Wate	er level was:	:	ft. after		hours		
			pumping		gpm		
Pum	p installed?	Ye	s No				

Water well disinfected?	Yes	No

Aquifer,	if known:

## LITHOLOGIC LOG

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 contaminatio	on	
PERMIT & ID NUMBERS	(AS REQUIRED	))	
DWR Application No.:			
KDHE / EPA Project Co			
Site Name:			
KDHE UIC Class V For	m Completed:	Yes	No

NEAREST SOURCE OF POTENTIAL CONTAMINATION

# Lease Name & Well #: \_\_\_\_\_\_ # of boreholes: \_\_\_\_\_ # of dewatering wells: \_\_\_\_

County Permit: Yes No Permit ID:

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	ed on	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