KOLAR Document ID: 1740364

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: _ Distance

from well:

from well:

within 100 feet.

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

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

PERMIT & ID NUMBERS (AS REQUIRED)

Direction

from well:

Direction

from well:

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 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:	Casing joints:					
Weight:lbs	s/ft.					
Wall thickness or gauge	no.:					
Grout interval: ft. to	ft.					
Grout material:						
Grout interval: ft. toft.						
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 USE						
сом	PLETION					
Dept	th of compl	eted wel	l:		ft.	
	th(s) groun					
(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	:	gpm			
Wate	er level was	:	ft. after		hours	
			pumping		gpm	
Pum	p installed	? Yes	No			
Wate	er well disir	fected?	Yes	No		

Date disinfected (mm/dd/yy):

то

Aquifer, if known:

FROM

COMMENTS

1 1 0 01	
Yes No	Site Name:
ed? Yes No n/dd/yy):	KDHE UIC Class V Form Completed: Yes No County Permit: Yes No Permit ID: Lease Name & Well #:
	# of boreholes: # of dewatering wells:
LITHOLOGY INTERVALS	

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