KOLAR Document ID: 1732621

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				

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 fo	roved?* Yes No
or environmental reme	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	oft.
Grout material:	
Grout interval: ft. to	oft.
Grout material:	
Screen / perforation material	:
Screen / perforation opening	gs:
Screen / perforation intervals	8:
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	

WELL WATER USE

COMPLETION					
Depth of completed well:ft.					
Depth(s) groundwater encountered:					
(1) ft.; (2) ft.;					
(3) ft.; (4) dry well					
Static water level in well: ft.					
measured below land surface on (mm/dd/yy):					
measured above land surface on (mm/dd/yy):					
Estimated yield: gpm					
Water level was: ft. afterhours					
pumping gpm					
Pump installed? Yes No					
Water well disinfected? Yes No					
Date disinfected (mm/dd/yy):					

NEAREST SOURCE OF POT	ENTIAL CONTAMINATION
Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential source o within 100 feet.	f contamination
PERMIT & ID NUMBERS (AS REQUIRED)
DWR Application No.:	
KDHE / EPA Project Cod	e:

RDIIL / LIN HOjeet C	ouc.
Site Name:	
KDHE UIC Class V Fo	rm Completed: Yes No
County Permit: Yes	No Permit ID:
Lease Name & Well #: _	
# of boreholes:	# of dewatering wells:

ITHOLOGIC LOG FROM TO LITHOLOGY INTERVALS Image: Image:

COMMENTS

Aquifer, if known:

CONTRACTOR'S OR LANDOWNERS CERTIFICATION

This water well was constructed	reconstructed	pursuant to the stated water well	
contractor's license and was complet	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. 28-30-20	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	

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