# KOLAR Document ID: 1737522

# WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: Distance

from well:

from well:

Site Name:

within 100 feet.

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

Lease Name & Well #:

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

KDHE UIC Class V Form Completed: Yes No

County Permit: Yes No Permit ID: \_\_\_\_

# of boreholes: \_\_\_\_\_ # of dewatering wells: \_

PERMIT & ID NUMBERS (AS REQUIRED)

Direction

from well:

Direction

from well:

## LOCATION OF WATER WELL

Latitude	Longitu	e	Section	Township	Range	E W	Fraction	1/4	1⁄4	1⁄4
Datum	Elevatio	1	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 for or environmental reme				
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:				
Casing joints:				
Weight:lbs	s/ft.			
Wall thickness or gauge				
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				
Gravel pack not used:				
From ft. to				

	County						
WELL	WATER U	SE					
сомі	PLETION						
Dept	th of comp	leted w	ell:		fi		
Dept	th(s) groun	dwater	encounter	ed:			
(1)_	ft.;	(2)	ft.;				
(3) _	ft.;	(4)	dry well				
Stati	_ft.						
	neasured b n (mm/dd		nd surface				
measured above land surface on (mm/dd/yy):							
Estir	nated yield	:	gpm				
Wate	er level was	:	ft. after		hours		
			pumping		gpm		
Pum	p installed	? Ye	s No				

Water well disinfected? Yes No

Date disinfected (mm/dd/yy):

# Aquifer, if known:

# LIT

ITHOLOGIC LOG						
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	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 certified 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 DEPARTMENT 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