KOLAR Document ID: 1741135

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 th has a variance been app	roved?* Yes No				
*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/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	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					
Gravel pack not used:					
From ft. to					

	County					
WELL WATER USE						
сомі	PLETION					
Dept	th of compl	eted we	11:		ft.	
	th(s) groun					
(1)_	ft.;	(2)	ft.;			
(3) _	ft.;	(4)	dry well			
Stati	Static water level in well: ft.					
	neasured be n (mm/dd/		d 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	? Yes	No			
Wate	er well disir	nfected?	Yes	No		

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	Io.:
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):

LITHOLO	GIC LOG	
	r	

то	LITHOLOGY INTERVALS
	то

COMMENTS

CONTRACTOR'S OR LANDOWNERS CERTIFICATION

This water well was constructed	reconstructed	pursuant to the stated water well
contractor's license and was complete	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