# KOLAR Document ID: 1741132

# WATER WELL RECORD (WWC-5)

**KOLAR DOC ID** 

Source: Distance

from well:

from well:

Site Name:

within 100 feet.

DWR Application No.:\_

Lease Name & Well #:

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

KDHE UIC Class V Form Completed: Yes No

PERMIT & ID NUMBERS (AS REQUIRED)

County Permit: Yes No Permit ID: \_

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

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				
CONSTRUCTION				

#### CONSTRUCTION

Borehole interval:	Borehole diameter:				
fromtoft.	in.				
fromtoft.	in.				
Casing height above land surface:in.					
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						
сомі	PLETION					
Dep	th of comp	leted	well:		ft.	
Dept	th(s) grou	ndwat	er encountere	ed:		
(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	ł:	gpm			
Wate	er level wa	s:	ft. after		hours	
			pumping		gpm	

Pump installed? Yes No

Water well disinfected? Yes No

Date disinfected (mm/dd/yy):

# Aquifer, if known:

# LIT

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 record was completed on						
under the business name of		,				
Kansas Water Well Contractor's Licer	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 your 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