KOLAR Document ID: 1745513

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source:

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 surface:ir						
If casing height is less than 12 in. has a variance been approved?* Yes						
*variance not required for or environmental reme						
Casing type:						
Blank casing interval:	ft. toft.					
Blank casing diameter:	in.					
Casing joints:						
Weight:lb	s/ft.					
Wall thickness or gauge	no.:					
Blank casing interval:	ft. toft.					
Blank casing diameter:in.						
Casing joints:						
Weight:lb	s/ft.					
Wall thickness or gauge no.:						
Grout interval: ft. to	oft.					
Grout material:						
Grout interval: ft. to	oft.					
Grout material:						
Screen / perforation material	l:					
Screen / perforation opening	gs:					
Screen / perforation interval	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						
сом	PLETION					
Dept	th of comp	leted we	11:		ft.	
Dept	th(s) groun	dwater	encounter	ed:		
(1)_	ft.;	(2)	ft.;			
(3)	ft.;	(4)	dry well			
Stati	Static water level in well: ft.					
	neasured b 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 disi	nfected?	Yes	No		

Distance from well:	Direction from well:				
Source description:					
Source:					
Distance from well:	Direction from well:				
Source description:					
No potential source of contamination within 100 feet.					
PERMIT & ID NUMBERS (AS REQUIRED)					
DWR Application No.:_					
KDHE / EPA Project Code:					
Site Name:					
KDHE UIC Class V Form Completed: Yes No					
County Permit: Yes No Permit ID:					
Lease Name & Well #:					

of boreholes: _____ # of dewatering wells: _

NEAREST SOURCE OF POTENTIAL CONTAMINATION

Aquifer, if known:

Date disinfected (mm/dd/yy):

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