## KOLAR Document ID: 1740826

# WATER WELL RECORD (WWC-5)

KOLAR DOC ID \_\_\_\_\_

Correction

Lease Name & Well #:

Original Record

WELL ID\_\_\_\_\_ Change in Well Use

## LOCATION OF WATER WELL

Latitude	Longitude	Section	Т	Township	F	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 the has a variance been appr *variance not required fo	roved?* Yes No
or environmental remed	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	ft.
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	ft.
Gravel pack not used:	
From ft. to	

	County					
WELL WATER USE						
COMF	PLETION					
Dept	h of compl	eted we	11:		ft.	
Dept	h(s) groun	dwater	encounter	red:		
(1)_	ft.;	(2)	ft.;			
(3)	ft.;	(4)	dry well			
Statio	Static water level in well: ft.					
	neasured be n (mm/dd/		d surface			
	neasured at n (mm/dd/		d surface			
Estin	nated yield	:	gpm			
Wate	er level was	:	ft. after	·	hours	
			pumping		gpm	
Pum	p installed	? Yes	s No			
Wate	er well disir	fected?	Yes	No		

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

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

NEAREST SOURCE OF POTENTIAL CONTAMINATION

## Aquifer, if known:

Date disinfected (mm/dd/yy):

## LITHOLOGIC 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 record 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 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