KOLAR Document ID: 1756268

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 #:

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

PERMIT & ID NUMBERS (AS REQUIRED)

KDHE / EPA Project Code: _____

County Permit: Yes No Permit ID:

of boreholes: _____ # of dewatering wells: _

KDHE UIC Class V Form Completed: Yes No

Direction

from well:

Direction

from well:

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 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 U	JSE			
сом	PLETION				
Dep	th of comp	leted w	ell:		fi
Dep	th(s) grou	ndwater	encounter	ed:	
(1)_	ft.;	(2)	ft.;		
(3) _	ft.;	(4)	dry well		
Stati	c water lev	vel in we	ll:	_ft.	
	neasured b on (mm/dc		nd surface		
	neasured a on (mm/dc		nd surface		
Estir	nated yiel	d:	gpm		
Wate	er level wa	s:	ft. after		hours
			pumping		gpm
Pum	p installed	l? 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 complet	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 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