# KOLAR Document ID: 1759414

# WATER WELL RECORD (WWC-5)

KOLAR DOC ID

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:i						
If casing height is less than 12 in. has a variance been approved?* Yes *variance not required for monitoring						
or environmental reme	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	oft.					
Grout material:						
Grout interval: ft. to	oft.					
Grout material:						
Screen / perforation material	:					
Screen / perforation opening	gs:					
Screen / perforation intervals	8:					
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						
сомі	PLETION					
Dept	th of compl	eted well	:		ft.	
	th(s) groun					
(1)_	ft.;	(2)	ft.;			
(3) _	ft.;	(4) c	lry well			
Static water level in well: ft.						
	neasured be n (mm/dd/		surface			
	neasured at n (mm/dd/		surface			
Estir	nated yield	:	gpm			
Wate	er level was	:	ft. after		hours	
		F	oumping		gpm	
Pum	p installed	Yes	No			
Wate	er well disir	fected?	Yes	No		

NEAREST SOURCE O	F POTENTIAL CONTAMINATIO				
Source:					
Distance from well:	Direction from well:				
Source description:					
Source:					
Distance Direction from well: from well:					
Source description:					
No potential sou within 100 feet.	rce of contamination				
PERMIT & ID NUMB	ERS (AS REQUIRED)				
DWR Application N	No.:				
	ct Code:				
Site Name:					
KDHE UIC Class V	KDHE UIC Class V Form Completed: Yes No				

County Permit: Yes No Permit ID: \_

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

Lease Name & Well #:

# Aquifer, if known:

Date disinfected (mm/dd/yy):

# LITHOLOGIC LOG

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 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 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