KOLAR Document ID: 1762470

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: Distance

from well:

Source description:

Source:

Distance

from well:

description:

Site Name:

within 100 feet.

DWR Application No.:_

KDHE / EPA Project Code:

Source

Correction

Original Record

ft.

WELL ID Change in Well Use

NEAREST SOURCE OF POTENTIAL CONTAMINATION

No potential source of contamination

KDHE UIC Class V Form Completed: Yes

PERMIT & ID NUMBERS (AS REQUIRED)

Direction

from well:

Direction

from well:

No

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 su	
If casing height is less th has a variance been app	
*variance not required for or environmental reme	
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:	
Casing joints:	
Weight:lbs	s/ft.
Wall thickness or gauge	
Grout interval: ft. to	oft.
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	
Gravel pack not used:	
From ft. to	

WELL WATER USE				
COMPLETION				
Depth of completed well: _				
Depth(s) groundwater enco	ountered:			

____ft.; (2) _____ ___ft.; (1) (3) ft.; (4) dry well ft. Static water level in well: measured below land surface on (mm/dd/yy): measured above land surface on (mm/dd/yy):

•	•	
Estimated yield:	gpm	
Water level was:	ft. after	hours

pumping ____ gpm

Pump installed? Yes No

Water well dis

Date disinfect

Aquifer,	if known:

LITHOLOGIC LOG	
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FROM

sinfected? Yes No ted (mm/dd/yy): own:		County Permit: Yes No Permit ID: Lease Name & Well #:				
		# of boreholes: # of dewatering wells:				
LOG						
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	ed on	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 c	ertified 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