KOLAR Document ID: 1767120

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: _ Distance

from well:

Source description:

Correction

Original Record

WELL ID_____ Change in Well Use

NEAREST SOURCE OF POTENTIAL CONTAMINATION

Direction

from well:

LOCATION OF WATER WELL

Latitude	Longitude	Section	Towns	ip .	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				
CONCERNICEION				

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 U	SE				
сом	PLETION					
Dept	th of comp	leted w	vell:			ft.
Dept	th(s) groun	dwate	r en	countere	d:	
(1)_	ft.;	(2) _		ft.;		
(3) _	ft.;	(4)	dı	y well		
Stati	c water lev	el in w	ell:		_ft.	
	neasured b n (mm/dd		ind	surface		
	neasured al n (mm/dd		nd	surface		
Estir	nated yield	:		gpm		
Wate	er level was	:		ft. after _		hours
			pι	umping_		gpm
Pum	p installed	? Y	es	No		

1				
Water well dis	sinfected?	Yes	No	
D . 1 C .	17 111	`		

Date disinfected	(mm/dd/yy):
------------------	-------------

Aquifer, if known:

County Permit: Yes No Permit ID: _____ Lease Name & Well #: _____ # of boreholes: _____ # of dewatering wells: ____

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 Licer	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