### KOLAR Document ID: 1768498

## WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Correction

Lease Name & Well #: \_\_\_\_

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

Original Record

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

#### LOCATION OF WATER WELL

| Latitude | Longitude | Section | Township | Range | E<br>W | Fraction | 1⁄4 | 1⁄4 | 1⁄4 |
|----------|-----------|---------|----------|-------|--------|----------|-----|-----|-----|
| Datum    | Elevation | County  |          |       |        |          |     |     |     |

#### WATER WELL OWNER

| Name                  |  |  |  |  |  |
|-----------------------|--|--|--|--|--|
| Business              |  |  |  |  |  |
| Address               |  |  |  |  |  |
| Well location         |  |  |  |  |  |
| at owner's<br>address |  |  |  |  |  |
|                       |  |  |  |  |  |

#### CONSTRUCTION

| Borehole interval:  | Borehole diameter: |  |  |  |  |
|---|--------------------|--|--|--|--|
| fromtoft.   | in.                |  |  |  |  |
| fromtoft.   | in.                |  |  |  |  |
| Casing height above land su   |                    |  |  |  |  |
| If casing height is less the<br>has a variance been appr<br>*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  | /ELL WATER USE            |          |           |    |       |
|   |                           |          |           |    |       |
| сом   | PLETION                   |          |           |    |       |
| Dept  | th of compl               | eted we  | 11:       |    | ft.   |
|   | th(s) groun               |          |           |    |       |
| (1)_  | ft.;                      | (2)      | ft.;      |    |       |
| (3) _   | ft.;                      | (4)      | dry well  |    |       |
| Static water level in well: ft.               |                           |          |           |    |       |
|   | neasured be<br>on (mm/dd/ |          | d surface |    |       |
| measured above land surface<br>on (mm/dd/yy): |                           |          |           |    |       |
| Estir   | nated yield               | :        | _ gpm     |    |       |
| Wate  | er level was              | :        | ft. after |    | hours |
|   |                           |          | pumping   |    | gpm   |
| Pum   | p installed               | ? Yes    | No        |    |       |
| Wate  | er well disir             | nfected? | Yes       | No |       |

| NEAREST SOURCE OF                     | POTENTIAL CONTAMINATION |
|---------------------------------------|-------------------------|
| Source:                               |                         |
| Distance<br>from well:                | Direction<br>from well: |
| Source<br>description:                |                         |
| Source:                               |                         |
| Distance<br>from well:                | Direction               |
| Source<br>description:                |                         |
| No potential sour<br>within 100 feet. | ce of contamination     |
| PERMIT & ID NUMBE                     | RS (AS REQUIRED)        |
| DWR Application No                    | ).:                     |
| KDHE / EPA Project                    | Code:                   |
| Site Name:                            |                         |
| KDHE UIC Class V I                    | Form Completed: Yes No  |
| County Permit: Ye                     | s No Permit ID:         |

# Aquifer, if known:

Date disinfected (mm/dd/yy):

| 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 | 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. 28-30-20  | 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

