KOLAR Document ID: 1766564

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Correction

Original Record

ft.

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					
CONCEPTION					

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 or environmental remed	coved?* Yes No or monitoring			
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	pft.			
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:	Gravel size in			
From ft. to	ft.			

	County	
	WELL WATER USE	
	COMPLETION	
	Depth of completed well:	f
	Depth(s) groundwater encountered:	
	(1) ft.; (2) ft.;	
	(3) ft.; (4) dry well	
I	Static water level in well: ft.	
	measured below land surface	
	measured above land surface on (mm/dd/yy):	
	Estimated yield: gpm	
	Water level was: ft. afterhou	urs
	pumping gp	m

Yes

No

Yes No

Source:			
Distance from well:	Direction from well:		
Source description:			
Source:			
Distance from well:	Direction from well:		
Source description:			
No potential source within 100 feet.	of contamination	on	
PERMIT & ID NUMBERS	(AS REQUIRED	D)	
DWR Application No.:_			
KDHE / EPA Project Co	ode:		
Site Name:			
KDHE UIC Class V For	m Completed:	Yes	No

County Permit: Yes No Permit ID:

of boreholes: _____ # of dewatering wells: _

Lease Name & Well #:

NEAREST SOURCE OF POTENTIAL CONTAMINATION

Date disinfected (mm/dd/yy):

Water well disinfected?

Aquifer, if known:

Pump installed?

LITHOLOGIC LOG

FROM	то	LITHOLOGY INTERVALS

F

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