KOLAR Document ID: 1752983

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				
CONCERNICE				

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 USE							
сом	PLETION						
Dept	th of comp	leted w	ell:		ft.		
Dept	th(s) grou	ndwate	r encounter	ed:			
(1)_	ft.;	(2) _	ft.;				
(3)_	ft.;	(4)	dry well				
Stati	Static water level in well: ft.						
	measured below land surface on (mm/dd/yy):						
	measured above land surface on (mm/dd/yy):						
Estir	nated yield	l:	gpm				
Wate	er level wa	s:	ft. after		hours		
			pumping		gpm		
Pum	p installed	l? Y	es No				
Wate	er well disi	nfected	? Yes	No			

NEAREST SOURCE O	F POTENTIAL CONTAMINATI	0
Source:		
Distance from well:	Direction from well:	_
Source description:		
Source:		
Distance from well:	Direction from well:	
Source description:		
No potential sou within 100 feet.	arce of contamination	
PERMIT & ID NUMB	ERS (AS REQUIRED)	
DWR Application N	No.:	
KDHE / EPA Projec	ct Code:	
Site Name:		
KDHE UIC Class V	Form Completed: Yes N	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

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 record 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			

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