KOLAR Document ID: 1770610

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Correction

Original Record

WELL ID_____ Change in Well Use

LOCATION OF WATER WELL

| Latitude | Longitude | Section | Т | Township | F | 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: | | | | | |
|---|----------------|-------------|-----------|--|--|--|--|--|
| fromto | _ ft. | _ | in. | | | | | |
| fromto | _ ft. | _ | in. | | | | | |
| Casing height above land surface:in. | | | | | | | | |
| If casing height is less than 12 in. has a variance been approved?* Yes No | | | | | | | | |
| *variance not rec or environment | • | | 0 | | | | | |
| Casing type: | | | | | | | | |
| Blank casing interval | l: | ft. to | ft. | | | | | |
| Blank casing diamete | er: | in. | | | | | | |
| Casing joints: | | | | | | | | |
| Weight: | lbs | /ft. | | | | | | |
| Wall thickness or | r gauge i | no.: | | | | | | |
| Blank casing interval | l: | ft. to | ft. | | | | | |
| Blank casing diamete | er: | in. | | | | | | |
| Casing joints: | Casing joints: | | | | | | | |
| Weight:lbs/ft. | | | | | | | | |
| Wall thickness or | | | | | | | | |
| Grout interval: | ft. to | ft. | | | | | | |
| Grout material: | | | _ | | | | | |
| Grout interval: | ft. to | ft. | | | | | | |
| Grout material: | | | | | | | | |
| | | | | | | | | |
| Screen / perforation | material | : | | | | | | |
| Screen / perforation | opening | gs: | | | | | | |
| Screen / perforation i | intervals | : | | | | | | |
| Fromft. to | | _ft. | | | | | | |
| Slot size | unit | | | | | | | |
| From ft. to | | _ft. | | | | | | |
| Slot size | unit | | | | | | | |
| Gravel pack intervals | s: | | | | | | | |
| Gravel pack not u | ised: | Gravel size | e in | | | | | |
| From ft. | | | | | | | | |
| Gravel pack not u | | | ein | | | | | |
| From ft. | | | | | | | | |

| | County | | | | | | | |
|---|------------------------------|-----------|-------------|------|-------|--|--|--|
| WELL WATER USE | | | | | | | | |
| | | | | | | | | |
| сом | COMPLETION | | | | | | | |
| Depth of completed well: ft | | | | | | | | |
| Dept | th(s) grou | ndwater e | ncounter | red: | | | | |
| (1)_ | ft.; | (2) | ft.; | | | | | |
| (3) _ | ft.; | (4) | dry well | | | | | |
| 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 | | | |
| | | 1 | pumping | | gpm | | | |
| Pum | p installed | l? Yes | No | | | | | |
| Wate | er well disi | nfected? | Yes | No | | | | |
| Date | Date disinfected (mm/dd/yy): | | | | | | | |

| NEAREST SOURCE | OF POTENTIAL CONTAMINATIO |
|-----------------------------------|------------------------------|
| Source: | |
| Distance from well: | Direction from well: |
| Source description: | |
| Source: | |
| Distance from well: | Direction from well: |
| Source description: | |
| No potential so within 100 fee | ource of contamination t. |
| PERMIT & ID NUM | BERS (AS REQUIRED) |
| DWR Application | No.: |
| KDHE / EPA Proj | ect Code: |
| Site Name: | |
| KDHE UIC Class | V Form Completed: Yes No |
| County Permit: | Yes No Permit ID: |
| Lease Name & We | ell #: |

of boreholes: _____ # of dewatering wells: _

Aquifer, if known:

LITHOLOGIC LOG

| то | LITHOLOGY INTERVALS |
|----|---------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | то |

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 Lice | nse No | under the authority of the designated | | | |
| person as defined in K.A.R. 28-30-2(j) and signed and certified 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