KOLAR Document ID: 1770355

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: Distance

from well:

from well:

Site Name:

within 100 feet.

DWR Application No.:__ KDHE / EPA Project Code: _____

Lease Name & Well #:

Source description:

Source description: Source: Distance

Correction

Original Record

WELL ID Change in Well Use

NEAREST SOURCE OF POTENTIAL CONTAMINATION

No potential source of contamination

KDHE UIC Class V Form Completed: Yes No County Permit: Yes No Permit ID:

of boreholes: _____ # of dewatering wells: _

PERMIT & ID NUMBERS (AS REQUIRED)

Direction

from well:

Direction

from well:

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 | | | | |
| | | | | |

CONSTRUCTION

| Borehole interval: | Borehole diameter: | | | | | |
|---|--------------------|--|--|--|--|--|
| fromtoft. | in. | | | | | |
| fromtoft. | in. | | | | | |
| Casing height above land surface:in. | | | | | | |
| If casing height is less than 12 in. has a variance been approved?* Yes No | | | | | | |
| *variance not required for or environmental reme | 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 | oft. | | | | | |
| Grout material: | | | | | | |
| Grout interval: ft. toft. | | | | | | |
| Grout material: | | | | | | |
| | | | | | | |
| Screen / perforation material | | | | | | |
| Screen / perforation opening | gs: | | | | | |
| Screen / perforation intervals: | | | | | | |
| Fromft. toft. | | | | | | |
| 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 | | | | | | |

| WELL | WATER U | SE |
|------|---------|----|

| COMPLETION | | | | | | |
|---|--|--|--|--|--|--|
| Depth of completed well:ft. | | | | | | |
| Depth(s) groundwater encountered: | | | | | | |
| (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): | | | | | | |
| Estimated yield: gpm | | | | | | |
| Water level was: ft. afterhours | | | | | | |
| pumping gpm | | | | | | |
| Pump installed? Yes No | | | | | | |
| Water well disinfected? Yes No | | | | | | |

| · · · · · · · | i nen ammeetea. | 100 | 1.0 |
|---------------|--------------------|------------|-----|
| | | | |
| Data | disinforted (mana/ | 1.1/2000). | |

Date disinfected (mm/dd/yy):

Aquifer, if known:

| | _ |
|----------------|---|
| LITHOLOGIC LOG | |

| ITHOLOG | ITHOLOGIC LOG | | | | | |
|---------|---------------|---------------------|--|--|--|--|
| FROM | то | LITHOLOGY INTERVALS | | | | |
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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 record was completed on | | | | | |
| under the business name of | | , | | | |
| Kansas Water Well Contractor's License 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 your 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