KOLAR Document ID: 1776138

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

N

F

Lease Name & Well #: ____

of boreholes: _____ # of dewatering wells: _

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			
CONSTRUCTION			

CONSTRUCTION

Borehole interval:	Borehole diameter:
fromtoft.	in.
fromtoft.	in.
Casing height above land su	
If casing height is less th has a variance been app	roved?* Yes No
*variance not required for or environmental reme	
Casing type:	
Blank casing interval:	ft. toft.
Blank casing diameter:	in.
Casing joints:	
Weight:lb	s/ft.
Wall thickness or gauge	no.:
Blank casing interval:	ft. toft.
Blank casing diameter:	in.
Casing joints:	
Weight:lb	s/ft.
Wall thickness or gauge	
Grout interval: ft. to	oft.
Grout material:	
Grout interval: ft. to	oft.
Grout material:	
Screen / perforation material	l:
Screen / perforation opening	gs:
Screen / perforation interval	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	
Gravel pack not used:	
From ft. to	

	County						
WELL WATER USE							
COMPLETION							
Dept	th of compl	eted we	11:		ft.		
	th(s) groun						
(1)_	ft.;	(2)	ft.;				
(3) _	ft.;	(4)	dry well				
Stati	Static water level in well: ft.						
	neasured be on (mm/dd/		d surface				
measured above land surface 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			

EAREST SOURCE OF	POTENTIAL CONTAMINATION
Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential sourc within 100 feet.	e of contamination
PERMIT & ID NUMBER	S (AS REQUIRED)
DWR Application No.	:
	Code:
Site Name:	
KDHE UIC Class V Fe	orm Completed: Yes No
County Permit: Yes	No Permit ID:

Aquifer, if known:

Date disinfected (mm/dd/yy):

FROM	то	LITHOLOGY INTERVALS
	1	

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 Licer	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 a	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