KOLAR Document ID: 1774701

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:

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 su				
If casing height is less th has a variance been app *variance not required fo	roved?* Yes No			
or environmental reme	Ų			
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. to	oft.			
Grout material:				
Screen / perforation material	:			
Screen / perforation opening	gs:			
Screen / perforation intervals	8:			
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							
сомі	PLETION						
Dept	th of comp	leted v	vell	:		ft	
Dept	th(s) grour	ndwate	r ei	ncountere	ed:		
(1)_	ft.;	(2)		ft.;			
(3) _	ft.;	(4)	d	lry well			
Stati	_ft.						
measured below land surface on (mm/dd/yy):							
measured above land surface on (mm/dd/yy):							
Estir	nated yield	l:		gpm			
Wate	Water level was: ft. after _				hours		
			p	oumping_		gpm	
Pum	p installed	? Y	es	No			

Water well disinfected? Yes No

Date disinfected (mm/dd/yy):

Aqı

LITH

Aquifer, if known:			# of boreholes: # of dewatering wells:				
ITHOLOG	IC 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 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