KOLAR Document ID: 1773473

WATER WELL RECORD (WWC-5)

KOLAR DOC ID _____

Original Record

Correction

Lease Name & Well #: ____

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 required for monitoring or environmental remediation wells | | | | | |
| 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: | | | | | | |
| | lbs | | | | | |
| Wall thickness or gauge no.: | | | | | | |
| 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 | PLETION | | | | |
| Dept | th of comp | leted well: | | ft. | |
| | | ndwater encount | | | |
| (1)_ | ft.; | (2) ft.; | ; | | |
| (3) _ | ft.; | (4) dry wel | 1 | | |
| 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 | | | | | |
| Wate | er level wa | s: ft. aft | er | hours | |
| | | pumpir | ng | gpm | |
| Pum | p installed | ? Yes No | | | |
| Water well disinfected? Yes No | | | | | |
| Date disinfected (mm/dd/yy): | | | | | |

| NEAREST SOURCE OF | POTENTIAL CONTAMINATIO |
|---------------------------------------|-------------------------|
| Source: | |
| Distance from well: | Direction from well: |
| Source description: | |
| Source: | |
| Distance from well: | Direction |
| Source description: | |
| No potential sour within 100 feet. | ce of contamination |
| PERMIT & ID NUMBE | RS (AS REQUIRED) |
| DWR Application No |).: |
| | Code: |
| Site Name: | |
| | Form Completed: Yes N |
| County Permit: Ye | s No Permit ID: |

of boreholes: _____ # of dewatering wells: _

Aquifer, if known:

| LITHOLO | GIC LOG | |
|---------|---------|---|
| | | Г |

| 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 complet | 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 Lice | 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 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