# KOLAR Document ID: 1776065

# WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: \_ Distance

from well:

from well:

within 100 feet.

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

Direction

from well:

Direction

from well:

## 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:
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							
сом	PLETION						
Dept	th of compl	eted well	:		ft.		
Dept	th(s) groun	dwater ei	ncounter	ed:			
(1)_	ft.;	(2)	ft.;				
(3) _	ft.;	(4) d	ry well				
Stati	c water leve	l in well:		ft.			
	neasured be n (mm/dd/		surface				
measured above land surface on (mm/dd/yy):							
Estir	nated yield		gpm				
Wate	er level was:		ft. after		hours		
		р	umping		gpm		
Pum	p installed?	Yes	No				
Wate	er well disin	fected?	Yes	No			

Date disinfected (mm/dd/yy):

Aquifer, if known:

то

# LITHOLOGIC LOG

FROM

gpm	PERMIT & ID NUMBERS (AS REQUIRED)				
ft. afterhours pumpinggpm Yes No ed? Yes No n/dd/yy):	DWR Application No.:   KDHE / EPA Project Code:   Site Name:   KDHE UIC Class V Form Completed:   Yes   No   County Permit:   Yes   No   Lease Name & Well #:   # of boreholes:   # of dewatering wells:				
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 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	and retain one for you	r records. Fee of \$5.00 for each constructed well			
KANSAS DEPARTMENT 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