KOLAR Document ID: 1770337

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

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	rface:in.				
If casing height is less than 12 in. has a variance been approved?* Yes No					
*variance not required fo or environmental remed					
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:					
Blank casing diameter:					
Casing joints:					
Weight:lbs					
Wall thickness or gauge no.:					
Grout interval: ft. to	ft.				
Grout material:					
Grout interval:ft. toft.					
Grout material:					
Screen / perforation material	:				
Screen / perforation opening	gs:				
Screen / perforation intervals:					
Fromft. to	_ft.				
Slot size unit _					
From ft. 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					

WELL WATER USE

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. afterhou	ırs					
pumping gpr	n					
Pump installed? Yes No						
Water well disinfected? Yes No						

NEAREST SOURCE O	F POTENTIAL CONTAMINATION			
Source:				
Distance from well:	Direction from well:			
Source description:				
Source:				
Distance from well:	Direction from well:			
Source description:				
No potential source of contamination within 100 feet.				
PERMIT & ID NUMBERS (AS REQUIRED)				
DWR Application N	lo :			
KDHE / EPA Project Code:				
Site Name:				

County Permit: Yes No Permit ID: _____ Lease Name & Well #: _____ # of boreholes: _____ # of dewatering wells: ____

KDHE UIC Class V Form Completed: Yes No

Aquifer, if known:

Date disinfected (mm/dd/yy):

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 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