KOLAR Document ID: 1781005

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source:

Correction

Original Record

WELL ID Change in Well Use

LOCATION OF WATER WELL

Latitude	Longitude	Section	Towns	ip .	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			
CONCEPTION			

CONSTRUCTION

Borehole interval:	Borehole diameter:
fromtoft.	in.
fromtoft.	in.
Casing height above land su	
If casing height is less the has a variance been appr *variance not required fo	roved?* Yes No
or environmental remed	U U
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	ft.
Grout material:	
Grout interval: ft. to	oft.
Grout material:	
Screen / perforation material	:
Screen / perforation opening	gs:
Screen / perforation intervals	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	ft.
Gravel pack not used:	
From ft. to	

	County				
WELL	WATER U	SE			
сом	PLETION				
Dep	th of compl	eted well	l:		ft.
Dep	th(s) groun	dwater e	ncounter	ed:	
(1)_	ft.;	(2)	ft.;		
(3) _	ft.;	(4) (4)	lry well		
Stati	c water leve	el in well	:	ft.	
measured below land surface on (mm/dd/yy):					
measured above land surface on (mm/dd/yy):					
Estir	nated yield	:	_ gpm		
Wate	er level was:	:	_ ft. after		hours
		I	oumping		gpm
Pum	p installed?	Yes	No		
Wate	er well disir	fected?	Yes	No	

Distance from well:	Direction from well:		
Source description:			
Source:			
Distance from well:	Direction from well:		
Source description:			
No potential source of within 100 feet.	of contaminatio	on	
PERMIT & ID NUMBERS	(AS REQUIRED)	
DWR Application No.:			
KDHE / EPA Project Co	de:		
Site Name:			
KDHE UIC Class V For	n Completed:	Yes	No
County Permit: Yes	No Permit ID:		
Lease Name & Well #:			

of boreholes: _____ # of dewatering wells: _

NEAREST SOURCE OF POTENTIAL CONTAMINATION

Aquifer, if known:

Date disinfected (mm/dd/yy):

FROM	то	LITHOLOGY INTERVALS		
		L		

COMMENTS

CONTRACTOR'S OR LANDOWNERS CERTIFICATION

This water well was constructed	reconstructed	pursuant to the stated water well			
contractor's license and was complete	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. 28-30-20	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