KOLAR Document ID: 1779422

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Original Record

Correction

Lease Name & Well #: _

of boreholes: _____ # of dewatering wells: _

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

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 for or environmental reme				
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:				
Casing joints:				
Weight:lbs	s/ft.			
Wall thickness or gauge				
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				
Gravel pack not used:				
From ft. to				

	County							
WELL WATER USE								
сомі	PLETION							
Dept	th of comp	leted well	l:		ft.			
Dept	th(s) groun	ndwater e	ncounter	ed:				
(1)_	ft.;	(2)	ft.;					
(3) _	ft.;	(4) (4)	lry well					
Stati	c water lev	el in well	:	ft.				
	neasured b n (mm/dd		l surface					
	neasured a n (mm/dd		l surface					
Estir	nated yield	1:	gpm					
	er level wa				hours			
		I	oumping		gpm			
Pum	p installed	? Yes	No					
Wate	er well disi	nfected?	Yes	No				

EAREST SOURCE OF POTENTIAL CONTAMINATION					
Source:					
Distance from well:	Direction from well:				
Source description:					
Source:					
Distance from well:	Direction from well:				
Source description:					
No potential source within 100 feet.	of contamination				
PERMIT & ID NUMBERS	(AS REQUIRED)				
DWR Application No.:_					
	ode:				
Site Name:					
KDHE UIC Class V For	rm Completed: Yes No				
County Permit: Yes	No Permit ID:				

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 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 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