Change in Well Use

WELL ID

Correction

KOLAR DOC ID

(785) 296-3565 | K.S.A. 82a-1212 | v2022c

Original Record

WATER WELL RECORD (WWC-5)

LOCATION	OF V	VATER WEL	L													
Latitude			Longitude			Section		Township		Range	E W	Fraction	1/4	1/4	1/4	
Datum			Elevation			County										
WATER WE	ELL O	WNER			WELL	. WATER U	SE				NEAREST S	OURCE OF I	POTENTIAL	CONTAMII	NATION	
Name											Source:					
Business					COM	PLETION					Distance		Directi			
Address					Depth of completed well:ft. Depth(s) groundwater encountered:					ft.	from well: Source description:					
Well location				(1)ft.; (2)ft.; (3)ft.; (4) dry well Static water level in well: ft.						Source: Distance Direction from well: from well:						
at owner's address					measured below land surface on (mm/dd/yy):						Source description:					
CONSTRU	ı		measured above land surface						No potential source of contamination within 100 feet.							
Borehole interval: Borehole diameter:					on (mm/dd/yy):											
fromtoftininin.					Estimated yield: gpm Water level was: ft. afterhours					urs	DWR Application No.:					
Casing he	ight a	ove land su	rface:	in.				pumping	gp	m	KDHE / EPA Project Code:					
If casing height is less than 12 in. has a variance been approved?* Yes No					Pump installed? Yes No						Site Name: KDHE UIC Class V Form Completed: Yes No					
		or monitoring		Water well disinfected? Yes No						County Permit: Yes No Permit ID:						
	nentai remed	diation wells		Date disinfected (mm/dd/yy):						Lease Name & Well #:						
Casing type: ft. to ft.					Aquifer, if known:						# of boreh	oles:	# of dewat	ering wells:		
		meter:			LITHO	DLOGIC LO	OG .									
Casing joints:					FRC			ITHOLOGY II	NTERVA	LS						
Weight: lbs/ft.																
			no.:													
			ft. to													
Blank casing diameter:in.																
Casing joints:																
Weight: lbs/ft.																
Wall thickness or gauge no.:																
		ft. to														
		rial:														
Grout interval:ft. toft. Grout material:					COMMENTS											
_			:		CONT	DACTOR	CODI	ANDOWNER	CERTIF	ICATION						
Screen / perforation intervals:					CONTRACTOR'S OR LANDOWNERS CERTIFICATION											
Screen / perforation intervals:					This water well was constructed reconstructed pursuant to the stated water well											
Fromft. toft.						contractor's license and was completed on I certify that this record is true to										
Slot size unit						the best of my knowledge and belief. This water well record was completed on										
Fromft. toft.						under the business name of										
Slot size unit						Kansas Water Well Contractor's License No under the authority of the designated										
Gravel pack intervals: Gravel pack not used: Gravel size in						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:													
		_ ft. to			Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.											
			Gravel size _	in	KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT											
From		_ ft. to	ft.		Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367											

