KOLAR Document ID: 1780483

WATER WELL RECORD (WWC-5)

KOLAR DOC ID _____

Correction

Lease Name & Well #:

of boreholes: _____ # of dewatering wells: _

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

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 fo	roved?* Yes No
or environmental reme	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	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	ft.
Gravel pack not used:	
From ft. to	

	County						
WELL WATER USE							
сомр	LETION						
Dept	h of compl	eted we	ll:		ft.		
Dept	h(s) groun	dwater e	encounter	ed:			
(1)	ft.;	(2)	ft.;				
(3)	ft.;	(4)	dry well				
Static	c water leve	l in wel	l:	ft.			
	neasured be n (mm/dd/		d surface				
measured above land surface on (mm/dd/yy):							
Estin	nated yield:		_ gpm				
Wate	r level was:		ft. after		hours		
			pumping		gpm		
Pum	p installed?	Yes	No				
Wate	r well disin	fected?	Yes	No			

Source:				
Distance	Direction			
from well:	from well:			
Source				
description:				
Source:				
Distance	Direction			
from well:	from well:			
Source				
description:				
No potential source of	f contamination			
within 100 feet.				
PERMIT & ID NUMBERS (A	AS REQUIRED)			
DWR Application No.:				
KDHE / EPA Project Code:				
Site Name:				
KDHE UIC Class V Form Completed: Yes No				
County Permit: Yes	No. Dormit ID.			

NEAREST SOURCE OF POTENTIAL CONTAMINATION

Aquifer, if known:

Date disinfected (mm/dd/yy):

FROM	то	LITHOLOGY INTERVALS			
		1			

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 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