KOLAR Document ID: 1784570

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	roved?* Yes No						
*variance not required for or environmental reme							
Casing type:							
Blank casing interval:	ft. toft.						
Blank casing diameter:	in.						
Casing joints:							
Weight:lb	s/ft.						
Wall thickness or gauge	no.:						
Blank casing interval:	ft. toft.						
Blank casing diameter:	in.						
Casing joints:							
Weight:lbs/ft.							
Wall thickness or gauge							
Grout interval: ft. to	oft.						
Grout material:							
Grout interval: ft. to	oft.						
Grout material:							
Screen / perforation material	l:						
Screen / perforation opening	gs:						
Screen / perforation interval	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							
Gravel pack not used:							
From ft. to							

	County						
WELL WATER USE							
сом	PLETION						
Dept	th of comp	leted we	11:		ft.		
-	th(s) grour						
(1)_	ft.;	(2)	ft.;				
(3)	ft.;	(4)	dry well				
Stati	c water lev	el in wel	l:	ft.			
	neasured b n (mm/dd		d surface				
	neasured a n (mm/dd		d surface				
Estir	nated yield	l:	gpm				
Wate	er level was	:	ft. after		hours		
			pumping		gpm		
Pum	p installed	? Yes	No				
Wate	er well disi	nfected?	Yes	No			

Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential sour within 100 feet.	rce of contamination
PERMIT & ID NUMBE	ERS (AS REQUIRED)
DWR Application N	0.:
KDHE / EPA Project	t Code:
Site Name:	
KDHE UIC Class V	Form Completed: Yes No
County Permit: Ye	es 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	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 Licer	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