### KOLAR Document ID: 1779421

## WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Correction

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 surface:ir						
If casing height is less than 12 in. has a variance been approved?* Yes						
*variance not required for 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/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	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 w	ell:		ft
-	-		encountere		
(1)_	ft.;	(2)	ft.;		
(3) _	ft.;	(4)	dry well		
Stati	c water leve	el in we	ell:	_ft.	
-	neasured be on (mm/dd/		nd surface		
	neasured at on (mm/dd/		nd surface		
Estir	nated yield	:	gpm		
			ft. after		hours
			pumping		gpm
Pum	p installed	? Ye	s No		

Yes No

NEAREST 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.	ce of contamination				
PERMIT & ID NUMBEI	RS (AS REQUIRED)				
DWR Application No	).:				
KDHE / EPA Project	Code:				
Site Name:					
KDHE UIC Class V Form Completed: Yes No					
County Permit: Yes	s No Permit ID:				
Lease Name & Well #:	:				

# of boreholes: \_\_\_\_\_ # of dewatering wells: \_

# Aquifer, if known:

Water well disinfected?

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 complet	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