KOLAR Document ID: 1784997

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:i If casing height is less than 12 in. has a variance been approved?* Yes 1 *variance not required for monitoring or environmental remediation wells					
Casing type:					
Blank casing diameter:					
Casing joints:					
Weight:lbs	s/ft.				
Wall thickness or gauge					
Blank casing interval:					
Blank casing diameter:					
Casing joints:					
Weight:lbs					
Wall thickness or gauge no.:					
Grout interval: ft. to ft.					
Grout material:					
Grout interval: ft. to					
Grout material:					
Screen / perforation material	:				
Screen / perforation opening	gs:				
Screen / perforation intervals:					
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:	Gravel size in				
From ft. to	ft.				

WELL WATER USE

COMPLETION					
Depth of completed well:ft.					
Depth(s) groundwater encountered:					
(1) ft.; (2) ft.;					
(3) ft.; (4) dry well					
Static water level in well: ft.					
measured below land surface on (mm/dd/yy):					
measured above land surface on (mm/dd/yy):					
Estimated yield: gpm					
Water level was: ft. afterhours					
pumping gpm					
Pump installed? Yes No					
Water well disinfected? Yes No					
Date disinfected (mm/dd/yy):					

NEAREST SOURCE C	F POTENTIAL CONTAMINATIO		
Source:			
Distance from well:	Direction from well:		
Source description:			
Source:			
Distance	Direction from well:		
Source description:			
No potential so within 100 feet.	arce of contamination		
PERMIT & ID NUME	ERS (AS REQUIRED)		
DWR Application 1	No.:		
	ct Code:		
Site Name:			
KDHE UIC Class V Form Completed: Yes No			

County Permit: Yes No Permit ID:

____ Lease Name & Well #: _____ # of boreholes: ____ # of dewatering wells: ___

Aquifer, if known:

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	I certify that this record is true to				
the best of my knowledge and belief. This water well record was completed on					
under the business name of		······,			
Kansas Water Well Contractor's Lice	ense No	_ under the authority of the designated			
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:					
Send one copy to WATER WELL OWNER	and retain one for you	r records. Fee of \$5.00 for each constructed well			
KANSAS DEPARTMENT 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