KOLAR Document ID: 1789477

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: Distance

from well:

from well:

Site Name:

within 100 feet.

DWR Application No.:__

Lease Name & Well #:

Source description:

Source description: Source: Distance

Correction

Original Record

WELL ID Change in Well Use

NEAREST SOURCE OF POTENTIAL CONTAMINATION

No potential source of contamination

PERMIT & ID NUMBERS (AS REQUIRED)

KDHE / EPA Project Code: _____

County Permit: Yes No Permit ID:

of boreholes: _____ # of dewatering wells: _

KDHE UIC Class V Form Completed: Yes No

Direction

from well:

Direction

from well:

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				
CONCEPTION				

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 fe or environmental reme	an 12 in. roved?* Yes No or monitoring
Casing type:	
Blank casing interval:	ft. to ft.
Blank casing diameter:	
Casing joints:	
Weight:lbs	s/ft.
Wall thickness or gauge	no.:
Blank casing interval:	
Blank casing diameter:	in.
Casing joints:	
Weight:lbs	s/ft.
Wall thickness or gauge	no.:
Grout interval: ft. to	pft.
Grout material:	
Grout interval: ft. to	oft.
Grout material:	
Screen / perforation material Screen / perforation opening	
Screen / perforation intervals	
Fromft. to	
Slot size unit	
Fromft. to	
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.

County							
WELL WATER USE							
COMPLETION							
Depth of completed well:		ft.					
Depth(s) groundwater encounter	ed:						
(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. after		hours					
pumping		gpm					
Pump installed? Yes No							

Water well disinfected? Yes No

Date disinfected (mm/dd/yy):

Aquifer, if known:

LIT

ITHOLOGIC LOG					
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	I certify that this record is true to			
the best of my knowledge and belief.	This water well reco	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	j) and signed and c	ertified by the electronic signature of the		
designated person at its submittal:		·		
Send one copy to WATER WELL OWNER a	and retain one for you	r records. Fee of \$5.00 for each constructed well		
KANSAS DEPAR	FMENT 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