KOLAR Document ID: 1789671

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: _ Distance

from well:

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 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:lb	s/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 U	SE			
сомі	PLETION				
Dept	th of comp	leted w	rell:		ft
Dept	th(s) grour	ndwater	encountere	ed:	
(1)_	ft.;	(2)	ft.;		
(3) _	ft.;	(4)	dry well		
Stati	c water lev	el in we	ell:	_ft.	
	neasured b n (mm/dd		nd surface		
	neasured a n (mm/dd		nd surface		
Estir	nated yield	l:	gpm		
Wate	er level was	:	ft. after		hours
			pumping		gpm
Pum	p installed	? Ye	es No		

Yes

No

Source description:				
Source:				
Distance from well:	Direction from well:			
Source description:				
No potential source of contamination within 100 feet.				
PERMIT & ID NUMBERS (AS REQUIRED)				
DWR Application No.:_ KDHE / EPA Project Co				
Site Name:				
KDHE UIC Class V For	m Completed:	Yes	No	
County Permit: Yes	No Permit ID:			
Lease Name & Well #: _				

of boreholes: _____ # of dewatering wells: _

NEAREST SOURCE OF POTENTIAL CONTAMINATION

Direction

from well:

Aquifer, if known:

Water well disinfected?

Date disinfected (mm/dd/yy):

LITHOLOGIC LOG

FROM	то	LITHOLOGY INTERVALS

F

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 record 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. 28-30-20	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