KOLAR Document ID: 1789244

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: Distance

from well:

from well:

Site Name:

within 100 feet.

DWR Application No.:_ KDHE / EPA Project Code: ____

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

KDHE UIC Class V Form Completed: Yes No

County Permit: Yes No Permit ID: _

PERMIT & ID NUMBERS (AS REQUIRED)

Direction

from well:

Direction

from well:

LOCATION OF WATER WELL

Latitude	Longitude	Section	Т	Township	F	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:		
fromto	_ ft.		in.		
fromto	_ft.		in.		
Casing height above land surface:					
If casing height is has a variance be			Yes No		
*variance not req or environmenta			e		
Casing type:					
Blank casing interval	l:	ft. to	ft.		
Blank casing diamete	er:	in.			
Casing joints:					
Weight:	lbs	s/ft.			
Wall thickness or	gauge	no.:			
Blank casing interval	l:	ft. to	ft.		
Blank casing diamete					
Casing joints:					
	lbs				
Wall thickness or					
Grout interval:	ft. to	ft			
Grout material:			_		
Grout interval:	ft. to	ft			
Grout material:			_		
Screen / perforation r	naterial	:			
Screen / perforation	opening	gs:			
Screen / perforation i	ntervals	:			
Fromft. to		_ft.			
Slot size	unit				
Fromft. to		_ft.			
Slot size	unit				
Gravel pack intervals					
Gravel pack not u		Gravel siz	e in		
From ft. t					
Gravel pack not u			e in		
From ft. t					

Count	У							
WELL WATER USE								
COMPLETIO	N							
Depth of cor	npleted v	vell:		f				
Depth(s) gro	oundwate	r encounter	ed:					
(1)f	t.; (2)_	ft.;						
(3) f	t.; (4)	dry well						
Static water	evel in w	ell:	_ft.					
measured on (mm/		und surface						
measured on (mm/		ind surface						
Estimated yi	eld:	gpm						
Water level v	vas:	ft. after		hours				
		pumping		gpm				
Pump install	ed? Y	es No						

Water well disinfected? Yes No

Date disinfected (mm/dd/yy):

ifer if b Αqι

LITH

Aquifer, if known:		# of boreholes:	# of dewatering wells:	
ITHOLOGIC LOG			L	
FROM	то	LITHOLOGY INTERVALS		
		1		

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 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