KOLAR Document ID: 1791676

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Correction

Lease Name & Well #: ____

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:in.					
If casing height is less than 12 in. has a variance been approved?* Yes No					
*variance not required for monitoring or environmental remediation wells					
Casing type:					
Blank casing interval:	ft. to	ft.			
Blank casing diameter:	in.				
Casing joints:					
Weight:l	os/ft.				
Wall thickness or gauge	no.:				
Blank casing interval:	ft. to	ft.			
Blank casing diameter:					
Casing joints:					
Weight:l					
Wall thickness or gauge no.:					
Grout interval: ft.	oft.				
Grout material:					
Grout interval: ft.					
Grout material:					
Screen / perforation materi	l:				
Screen / perforation openi	ngs:				
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:		in			
From ft. to					

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 OF	POTENTIAL CONTAMINATION			
Source:				
Distance from well:	Direction from well:			
Source description:				
Source:				
Distance	Direction			
from well:	from well:			
Source				
description:				
No potential sour within 100 feet.	cce of contamination			
PERMIT & ID NUMBE	RS (AS REQUIRED)			
DWR Application No	0.:			
KDHE / EPA Project Code:				
Site Name:				
	Form Completed: Yes No			
County Permit: Ye	es No Permit ID:			

of boreholes: _____ # of dewatering wells: ____

Aquifer, if known:

LITHOLOGIC LOG

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 DEPAI	RTMENT 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