KOLAR Document ID: 1789249

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Correction

Lease Name & Well #: _

of boreholes: _____ # of dewatering wells: _

Original Record

WELL ID_____ Change in Well Use

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: |
|---|--------------------|
| fromtoft. | in. |
| fromtoft. | in. |
| Casing height above land su | |
| If casing height is less the has a variance been appr *variance not required fo | roved?* Yes No |
| or environmental remed | U U |
| Casing type: | |
| Blank casing interval: | ft. toft. |
| Blank casing diameter: | in. |
| Casing joints: | |
| Weight:lbs | s/ft. |
| Wall thickness or gauge | no.: |
| Blank casing interval: | ft. toft. |
| Blank casing diameter: | in. |
| Casing joints: | |
| Weight:lbs | s/ft. |
| Wall thickness or gauge | no.: |
| Grout interval: ft. to | ft. |
| Grout material: | |
| Grout interval: ft. to | oft. |
| Grout material: | |
| | |
| Screen / perforation material | : |
| Screen / perforation opening | gs: |
| Screen / perforation intervals | 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 | ft. |
| Gravel pack not used: | |
| From ft. to | |

| | County | | | | | | |
|---|---------------------------|---------|-----------|----|-------|--|--|
| WELL WATER USE | | | | | | | |
| | | | | | | | |
| сом | PLETION | | | | | | |
| Dep | th of compl | eted we | 11: | | ft. | | |
| | th(s) groun | | | | | | |
| (1)_ | ft.; | (2) | ft.; | | | | |
| (3) _ | ft.; | (4) | dry well | | | | |
| Static water level in well: ft. | | | | | | | |
| | neasured be on (mm/dd/ | | d surface | | | | |
| measured above land surface on (mm/dd/yy): | | | | | | | |
| Estir | nated yield | : | _gpm | | | | |
| Wate | er level was | : | ft. after | | hours | | |
| | | | pumping | | gpm | | |
| Pum | p installed | Yes | No | | | | |
| Wate | er well disir | fected? | Yes | No | | | |

| Source: | |
|---------------------------------------|-------------------------|
| Distance from well: | Direction |
| Source description: | |
| Source: | |
| Distance from well: | Direction from well: |
| Source description: | |
| No potential sour within 100 feet. | rce of contamination |
| PERMIT & ID NUMBE | RS (AS REQUIRED) |
| DWR Application N | 0.: |
| KDHE / EPA Project | Code: |
| Site Name: | |
| KDHE UIC Class V | Form Completed: Yes No |
| County Permit: Ye | es No Permit ID: |

Aquifer, if known:

Date disinfected (mm/dd/yy):

| 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