## KOLAR Document ID: 1789382

# WATER WELL RECORD (WWC-5)

KOLAR DOC ID \_\_\_\_\_

Source: \_ Distance

from well:

from well:

Source description: Source: Distance

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

description:
No potential source of contamination within 100 feet.
PERMIT & ID NUMBERS (AS REQUIRED)
DWR Application No.:
KDHE / EPA Project Code: Site Name:
KDHE UIC Class V Form 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:

Direction

from well:

## Aquifer, if known:

Date disinfected (mm/dd/yy):

LITHOLOGIC 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 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. 28-30-2(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 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