KOLAR Document ID: 1792668

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: Distance

from well:

from well:

Site Name:

within 100 feet.

DWR Application No.:__

Lease Name & Well #:

Source description:

Source description: Source: Distance

Correction

Original Record

ft.

WELL ID Change in Well Use

NEAREST SOURCE OF POTENTIAL CONTAMINATION

No potential source of contamination

PERMIT & ID NUMBERS (AS REQUIRED)

KDHE / EPA Project Code: _____

County Permit: Yes No Permit ID:

of boreholes: _____ # of dewatering wells: _

KDHE UIC Class V Form Completed: Yes No

Direction

from well:

Direction

from well:

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				
CONCEPTION				

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 *variance not required fo	roved?* Yes No
or environmental reme	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	oft.
Grout material:	
Grout interval: ft. to	oft.
Grout material:	
Screen / perforation material	:
Screen / perforation opening	gs:
Screen / perforation intervals	8:
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							
	Dept	th of comp	leted v	vell:					
	Dept	th(s) grou	ndwate	r encounter	ed:				
(1) ft.; (2) ft.;									
	(3) _	ft.;	(4)	dry well					
	Stati	c water lev	rel in w	vell:	_ft.				
		neasured b n (mm/dd		and surface					
		neasured a n (mm/dd		and surface					
	Estir	nated yield	1:	gpm					
I	Wate	r loval wa	· ·	ft ofter		hou			

Water level was: _ ft. after ____ hours pumping ____ gpm

Pump installed? Yes No

Water well disinfected? Yes No

Date disinfected (mm/dd/yy):

Aquifer, if known:

LIT

THOLOGIC LOG						
FROM	то	LITHOLOGY INTERVALS				
		l				

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 reco	ord was completed on
under the business name of		,
Kansas Water Well Contractor's Licer	1se No	_ under the authority of the designated
person as defined in K.A.R. 28-30-2(j	i) and signed and c	ertified by the electronic signature of the
designated person at its submittal:		
Send one copy to WATER WELL OWNER a	and retain one for you	r records. Fee of \$5.00 for each constructed well.
KANSAS DEPAR	FMENT 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