KOLAR Document ID: 1794051

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: _ Distance

from well:

Source description: Source: _____ Distance

Correction

Original Record

ft.

WELL ID_____ Change in Well Use

NEAREST SOURCE OF POTENTIAL CONTAMINATION

Direction

from well:

Direction

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 th has a variance been app | roved?* Yes No |
| *variance not required for or environmental reme | Ũ |
| 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 | |
| Grout interval: ft. to | oft. |
| Grout material: | |
| Grout interval: ft. to | oft. |
| Grout material: | |
| | |
| Screen / perforation material | : |
| Screen / perforation opening | gs: |
| Screen / perforation interval | s: |
| Fromft. to | _ft. |
| Slot size unit | |
| From ft. to | _ft. |
| Slot size unit | |
| Gravel pack intervals: | |
| Gravel pack not used: | Gravel size in |
| From ft. to | |
| | Gravel size in |
| From ft. to | |

| | County | | | | | |
|----------------|--------------------------|---------|---------------|------|-------|--|
| WELL WATER USE | | | | | | |
| | | | | | | |
| сом | PLETION | | | | | |
| Dep | th of comp | leted v | well: | | f | |
| Dept | th(s) groun | Idwate | er encountere | ed: | | |
| (1)_ | ft.; | (2)_ | ft.; | | | |
| (3) | ft.; | (4) | dry well | | | |
| Stati | c water lev | el in w | vell: | _ft. | | |
| | neasured b on (mm/dd | | and surface | | | |
| | neasured al on (mm/dd | | and surface | | | |
| Estir | nated yield | : | gpm | | | |
| Wate | er level was | : | ft. after | | hours | |
| | | | pumping | | gpm | |

Yes

No

Yes

No

of boreholes: _____ # of dewatering wells: _

Aquifer, if known:

Water well disinfected?

Date disinfected (mm/dd/yy):

Pump installed?

| то | LITHOLOGY INTERVALS |
|----|---------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | то |

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 Licer | 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 your 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