## KOLAR Document ID: 1797227

# WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: \_ Distance

from well:

Correction

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 th has a variance been app *variance not required fe or environmental reme	an 12 in. roved?* Yes No or monitoring
Casing type:	
Blank casing interval:	ft. to ft.
Blank casing diameter:	
Casing joints:	
Weight:lbs	s/ft.
Wall thickness or gauge	
Blank casing interval:	
Blank casing diameter:	in.
Casing joints:	
Weight:lbs	s/ft.
Wall thickness or gauge	no.:
Grout interval: ft. to	pft.
Grout material:	
Grout interval: ft. to	oft.
Grout material:	
Screen / perforation material	k:
Screen / perforation opening	
Screen / perforation interval	
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:	Gravel size in
From ft. to	ft.

	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			
Stati	Static water level in well: ft.					
measured below land surface on (mm/dd/yy):						
measured above land surface on (mm/dd/yy):						
Estir	nated yield	:	_ gpm			
Wate	er level was	:	_ft. after		hours	
		1	oumping		gpm	
Pum	p installed	Yes	No			

Yes

No

Source description:		
Source:		
Distance from well:	Direction from well:	
Source description:		
No potential source within 100 feet.	of contamination	
PERMIT & ID NUMBERS	(AS REQUIRED)	
DWR Application No.:_		
KDHE / EPA Project Co	de:	
Site Name:		
KDHE UIC Class V For	m 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:

## Aquifer, if known:

Water well disinfected?

Date disinfected (mm/dd/yy):

LITHOLOG	GIC 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 complet	ed on	. 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