KOLAR Document ID: 1793203

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	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 *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							
сомр	LETION						
Dept	h of compl	eted we	ll:		ft.		
Dept	h(s) groun	dwater e	encounter	ed:			
(1)	ft.;	(2)	ft.;				
(3)	ft.;	(4)	dry well				
Static	c water leve	l in wel	l:	ft.			
	neasured be n (mm/dd/		d surface				
measured above land surface on (mm/dd/yy):							
Estin	nated yield:		_ gpm				
Wate	r level was:		ft. after		hours		
			pumping		gpm		
Pum	p installed?	Yes	No				
Wate	r well disin	fected?	Yes	No			

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

NEAREST SOURCE OF POTENTIAL CONTAMINATION

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 complete	ed on	I certify that this record is true to
the best of my knowledge and belief.	This water well rec	ord 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 c	ertified 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