KOLAR Document ID: 1797626

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Original Record

Correction

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 for or environmental reme	
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:	
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 intervals	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	

WELL WATER USE

COMPLETION							
Depth of completed well:ft.							
Depth(s) groundwater encountered:							
(1) ft.; (2) ft.;							
(3) ft.; (4) dry well							
Static water level in well: ft.							
measured below land surface on (mm/dd/yy):							
measured above land surface on (mm/dd/yy):							
Estimated yield: gpm							
Water level was: ft. afterhours							
pumping gpm							
Pump installed? Yes No							
Water well disinfected? Yes No							
Date disinfected (mm/dd/yy):							

NEAREST SOURCE C	F POTENTIAL CONTAMINATION
Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential so within 100 feet.	urce of contamination
PERMIT & ID NUME	BERS (AS REQUIRED)
DWR Application 1	No ·
KDHE / EPA Projec	
Site Name:	

County Permit: Yes No Permit ID: Lease Name & Well #:	
Lease Name & Well #:	

Aquifer, if known:

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 an	nd was complet	ed on	I certify that this record is true to
the best of my knowl	edge and belief.	This water well rec	ord was completed on
under the business na	ame of		······,
Kansas Water Well C	ontractor'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