## KOLAR Document ID: 1797924

# WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Correction

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:			
fromto	_ ft.	_	in.			
fromto	_ ft.	_	in.			
Casing height above land surface:in.						
If casing height is has a variance be			Yes No			
*variance not rec or environment	•		0			
Casing type:						
Blank casing interval	l:	ft. to	ft.			
Blank casing diamete	er:	in.				
Casing joints:						
Weight:	lbs	/ft.				
Wall thickness or	r gauge i	no.:				
Blank casing interval	l:	ft. to	ft.			
Blank casing diamete	er:	in.				
Casing joints:						
	lbs					
Wall thickness or						
Grout interval:	ft. to	ft.				
Grout material:			_			
Grout interval:	ft. to	ft.				
Grout material:			_			
Screen / perforation	material	:				
Screen / perforation	opening	gs:				
Screen / perforation i	intervals	:				
Fromft. to		_ft.				
Slot size	unit					
From ft. to		_ft.				
Slot size	unit					
Gravel pack intervals	s:					
Gravel pack not u	ised:	Gravel size	e in			
From ft.						
Gravel pack not u			ein			
From ft.						

	County					
WELL WATER USE						
сом	PLETION					
Dep		ft.				
Dep	th(s) groui	ndwater en	counter	ed:		
(1)_	ft.;	(2)	ft.;			
(3) _	ft.;	(4) dr	y 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	l:	gpm			
Wate	er level wa	:	ft. after		hours	
		pu	mping		gpm	
Pum	p installed	? Yes	No			
Wate	er well disi	nfected?	Yes	No		
Date	disinfecte	d (mm/dd/	yy):			

NEAREST SOURCE OF	POTENTIAL CONTAMINATION
Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential source within 100 feet.	ce of contamination
PERMIT & ID NUMBE	RS (AS REQUIRED)
DWR Application No	.:
	Code:
Site Name:	
	orm Completed: Yes No
County Permit: Yes	No Permit ID:
Lease Name & Well #:	:

# of boreholes: \_\_\_\_\_ # of dewatering wells: \_\_\_\_

## Aquifer, if known:

ITHOLOGIC LOG						
FROM	то	LITHOLOGY INTERVALS				
	[					

### COMMENTS

## CONTRACTOR'S OR LANDOWNERS CERTIFICATION

This water well was constructed re	econstructed	pursuant to the stated water well			
contractor's license and was completed o	on	I certify that this record is true to			
the best of my knowledge and belief. This	s water well recor	rd was completed on			
under the business name of		,			
Kansas Water Well Contractor's License	No	under the authority of the designated			
person as defined in K.A.R. 28-30-2(j) ar	nd signed and cer	tified 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 DEPARTME	ENT OF HEALTH A	ND 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