KOLAR Document ID: 1796780

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: _ Distance

from well:

Source description:

Source:

Distance

from well:

description:

Site Name:

within 100 feet.

DWR Application No.:___

Lease Name & Well #:

Source

Correction

NEAREST SOURCE OF POTENTIAL CONTAMINATION

No potential source of contamination

PERMIT & ID NUMBERS (AS REQUIRED)

KDHE / EPA Project Code: _____

County Permit: Yes No Permit ID:

of boreholes: _____ # of dewatering wells: _

KDHE UIC Class V Form Completed: Yes No

Direction

from well:

Direction

from well: _

Original Record

ft.

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 surface:in.					
If casing height is less than 12 in. has a variance been approved?* Yes No					
*variance not required for or environmental reme	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					
Grout interval: ft. to	oft.				
Grout material:					
Grout interval: ft. to	oft.				
Grout material:					
Screen / perforation material					
Screen / perforation opening	gs:				
Screen / perforation intervals	5:				
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					

1	WELL WATER USE						
	COMPLETION						
	Depth of completed well:						

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/y		
Estimated yield:	gpm	

Water level was: _____ ft. after _____ hours

pumping _____ gpm

Pump installed? Yes No

Water well disinfected? Yes No

Date disinfected (mm/dd/yy):

Aquifer, if known:

LITHOLOGIC LOG

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 completed	on	I certify that this record is true to			
the best of my knowledge and belief. Th	is water well reco	rd was completed on			
under the business name of		,			
Kansas Water Well Contractor's License	e No	under the authority of the designated			
person as defined in K.A.R. 28-30-2(j) a	and signed and cer	rtified 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