# KOLAR Document ID: 1796247

# WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Correction

Lease Name & Well #: \_

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 the has a variance been appr *variance not required fo	roved?* Yes No				
or environmental remed	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	ft.				
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	ft.				
Gravel pack not used:					
From ft. to					

	County						
WELL WATER USE							
сом	PLETION						
Dep	th of compl	eted wel	l:		ft.		
Dep	th(s) groun	dwater e	ncounter	ed:			
(1)_	ft.;	(2)	ft.;				
(3)	ft.;	(4)	dry well				
Stati	c water leve	el in well	:	ft.			
	neasured be on (mm/dd/		l surface				
	neasured at on (mm/dd/		l surface				
Estir	nated yield	:	_gpm				
Wate	er level was	:	_ ft. after		hours		
		1	pumping		gpm		
Pum	p installed	Yes	No				
Wate	er well disir	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 NUMBER	S (AS REQUIRED)	
DWR Application No.:		
KDHE / EPA Project C	ode:	
Site Name:		
KDHE UIC Class V Fo	rm Completed: Yes	No
County Permit: Yes	-	

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

NEAREST SOURCE OF POTENTIAL CONTAMINATION

# Aquifer, if known:

Date disinfected (mm/dd/yy):

# LITHOLOGIC LOG

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 Licer	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