KOLAR Document ID: 1792897

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Original Record

Correction

Lease Name & Well #: ____

of boreholes: _____ # of dewatering wells: _

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 less than 12 in. has a variance been approved?* 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:	Casing joints:						
	lbs						
Wall thickness or gauge no.:							
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						
Dept	th of comp	leted well:	ft.				
		ndwater encountered					
(1)_	(1) ft.; (2) ft.;						
(3) _	ft.;	(4) dry 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	s: ft. after	hours				
		pumping	gpm				
Pum	p installed	l? Yes No					
Water well disinfected? Yes No							
Date disinfected (mm/dd/yy):							

Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction
Source description:	
No potential sou within 100 feet.	irce of contamination
PERMIT & ID NUMB	ERS (AS REQUIRED)
DWR Application N	Jo.:
	et Code:
	Form Completed: Yes No
County Permit: Y	es No Permit ID:

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 and was complet	I certify that this record is true to					
the best of my knowledge and belief. This water well record 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 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