### KOLAR Document ID: 1800543

## WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Original Record

Correction

Lease Name & Well #: \_\_\_\_

WELL ID\_\_\_\_\_ Change in Well Use

#### LOCATION OF WATER WELL

| Latitude | Longitude | Section | Township | Range | E<br>W | Fraction | 1⁄4 | 1⁄4 | 1⁄4 |
|----------|-----------|---------|----------|-------|--------|----------|-----|-----|-----|
| Datum    | Elevation | County  |          |       |        |          |     |     |     |

#### WATER WELL OWNER

| Name                  |  |  |  |  |  |
|-----------------------|--|--|--|--|--|
| Business              |  |  |  |  |  |
| Address               |  |  |  |  |  |
| Well location         |  |  |  |  |  |
| at owner's<br>address |  |  |  |  |  |
|                       |  |  |  |  |  |

#### CONSTRUCTION

| Borehole interval:  | Borehole diameter: |
|---|--------------------|
| fromtoft.   | in.                |
| fromtoft.   | in.                |
| Casing height above land su   |                    |
| If casing height is less the<br>has a variance been appr<br>*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                                       |        |           |  |       |  |  |
| Dept           | th of comp                                    |        | ft.       |  |       |  |  |
| Dept           | Depth(s) groundwater encountered:             |        |           |  |       |  |  |
| (1)_           | (1) ft.; (2) ft.;                             |        |           |  |       |  |  |
| (3)_           | ft.;  | (4)    | dry well  |  |       |  |  |
| Stati          | Static water level in well: ft.               |        |           |  |       |  |  |
|                | measured below land surface<br>on (mm/dd/yy): |        |           |  |       |  |  |
|                | measured above land surface<br>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        |  |       |  |  |
| Wate           | Water well disinfected? Yes No                |        |           |  |       |  |  |
| Date           | Date disinfected (mm/dd/yy):                  |        |           |  |       |  |  |

| NEAREST SOURCE OF                     | POTENTIAL CONTAMINATION |
|---------------------------------------|-------------------------|
| Source:                               |                         |
| Distance<br>from well:                | Direction<br>from well: |
| Source<br>description:                |                         |
| Source:                               |                         |
| Distance                              | Direction<br>from well: |
| Source<br>description:                |                         |
| No potential sour<br>within 100 feet. | ce of contamination     |
| PERMIT & ID NUMBE                     | RS (AS REQUIRED)        |
| DWR Application No                    | .:                      |
|                                       | Code:                   |
| Site Name:                            |                         |
|                                       | Form Completed: Yes No  |
| County Permit: Yes                    | s No Permit ID:         |

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

# Aquifer, if known:

| FROM | то | LITHOLOGY INTERVALS |
|------|----|---------------------|
|      |    |                     |
|      |    |                     |
|      |    |                     |
|      |    |                     |
|      |    |                     |
|      |    |                     |
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|      |    |                     |
|      |    |                     |
|      |    |                     |
|      |    |                     |
|      |    |                     |
|      |    |                     |

#### COMMENTS

#### CONTRACTOR'S OR LANDOWNERS CERTIFICATION

| This water well was constructed       | reconstructed                         | pursuant to the stated water well                   |
|---------------------------------------|---------------------------------------|---|
| contractor's license and was complete | 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 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