## KOLAR Document ID: 1797250

# WATER WELL RECORD (WWC-5)

**KOLAR DOC ID** 

Correction

Original Record

WELL ID Change in Well Use

## LOCATION OF WATER WELL

Latitude	Longitude	Section	Т	Township	F	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				
CONCEPTION				

#### 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						
*variance not required for or environmental reme						
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	oft.					
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						
Gravel pack not used:						
From ft. to						

	County				
WELL	WATER U	SE			
сомі	PLETION				
Dept	th of compl	eted well	:		ft.
	th(s) groun				
(1)_	ft.;	(2)	ft.;		
(3) _	ft.;	(4)	lry well		
Stati					
	neasured be n (mm/dd/		l surface		
measured above land surface on (mm/dd/yy):					
Estir	nated yield	:	_gpm		
Wate	er level was	·	ft. after		hours
		I	oumping		gpm
Pum	p installed	Yes	No		
Wate	er well disir	nfected?	Yes	No	

NEAREST SOURCE OF F	POTENTIAL CONTAMIN	ATION
Source:		
Distance from well:	Direction from well:	
Source description:		
Source:		
Distance from well:	Direction from well:	
Source description:		
No potential sourc within 100 feet.	e of contamination	
PERMIT & ID NUMBER	S (AS REQUIRED)	
DWR Application No.	:	
KDHE / EPA Project C	Code:	
Site Name:		
KDHE UIC Class V Fo	orm Completed: Yes	No
County Permit: Yes	No Permit ID:	

## Aquifer, if known:

Date disinfected (mm/dd/yy):

FROM	то	LITHOLOGY INTERVALS
		·

Lease Name & Well #:

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

#### 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 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 certified 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