KOLAR Document ID: 1782726

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: _ Distance

from well:

from well:

Site Name:

within 100 feet.

DWR Application No.:_____ KDHE / EPA Project Code: ____

Lease Name & Well #:

Source description:

Source description: Source: _____ Distance

Correction

Original Record

WELL ID_____ Change in Well Use

NEAREST SOURCE OF POTENTIAL CONTAMINATION

No potential source of contamination

KDHE UIC Class V Form Completed: Yes No

County Permit: Yes No Permit ID:

of boreholes: _____ # of dewatering wells: _

PERMIT & ID NUMBERS (AS REQUIRED)

Direction

from well:

Direction

from well:

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				

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							
Dept	th of compl	eted w	ell:			ft.		
Dept	th(s) groun	dwater	ene	countere	d:			
(1)_	ft.;	(2)		ft.;				
(3) _	ft.;	(4)	dr	y well				
Stati	c water leve	l in we	ell: _		_ ft.			
measured below land surface on (mm/dd/yy):								
measured above land surface on (mm/dd/yy):								
Estir	nated yield			gpm				
Wate	er level was:			ft. after _		hours		
			pu	mping_		gpm		
Pum	p installed	Ye	s	No				

Water well disinfected? Yes No

Date disinfected (mm/dd/yy):

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 complete	I certify that this record is true to					
the best of my knowledge and belief.	This water well reco	ord was completed on				
under the business name of		,				
Kansas Water Well Contractor's Licen	se 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 a	nd retain one for your	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