KOLAR Document ID: 1799853

WATER WELL RECORD (WWC-5)

KOLAR DOC ID _____

Source: _ Distance

from well:

from well:

F

Source description: Source: Distance

Correction

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 th has a variance been app	roved?* Yes No
*variance not required for or environmental reme	
Casing type:	
Blank casing interval:	ft. toft.
Blank casing diameter:	in.
Casing joints:	
Weight:lb	s/ft.
Wall thickness or gauge	no.:
Blank casing interval:	ft. toft.
Blank casing diameter:	in.
Casing joints:	
Weight:lb	s/ft.
Wall thickness or gauge	
Grout interval: ft. to	oft.
Grout material:	
Grout interval: ft. to	oft.
Grout material:	
Screen / perforation material	l:
Screen / perforation opening	gs:
Screen / perforation interval	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				
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			
measured above land surface on (mm/dd/yy):						
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 description:
No potential source of contamination within 100 feet.
PERMIT & ID NUMBERS (AS REQUIRED)
DWR Application No.: KDHE / EPA Project Code: Site Name:
KDHE UIC Class V Form Completed: Yes No County Permit: Yes No Permit ID:
Lease Name & Well #: # of boreholes: # of dewatering wells:

NEAREST SOURCE OF POTENTIAL CONTAMINATION

Direction

from well:

Direction

from well:

Aquifer, if known:

Date disinfected (mm/dd/yy):

LITHOLOGIC LOG						
FROM	то	LITHOLOGY INTERVALS				
	1	l				

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 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. 28-30-20	(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