KOLAR Document ID: 1801226

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

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:				
fromto	_ ft.	_	in.			
fromto	_ ft.	_	in.			
Casing height above land surface:in.						
If casing height is has a variance be			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:						
	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						
сомг	PLETION					
Dept	h of comp	leted we	11:		ft.	
Dept	h(s) groun	dwater	encounter	ed:		
(1)_	ft.;	(2)	ft.;			
(3)	ft.;	(4)	dry well			
Stati	c water lev	el in wel	l:	ft.		
	measured below land surface on (mm/dd/yy):					
measured above land surface on (mm/dd/yy):						
Estin	nated yield	:	gpm			
Wate	er level was	:	ft. after		hours	
			pumping		gpm	
Pum	p installed	? Yes	s No			
Wate	er well disii	nfected?	Yes	No		

Source:	OF POTENTIAL CONTAMINATIO
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential so within 100 feet.	urce of contamination
PERMIT & ID NUME	BERS (AS REQUIRED)
DWR Application 1	No.:
KDHE / EPA Proje	ct Code:
Site Name:	
KDHE UIC Class V	Form Completed: Yes N

County Permit: Yes No Permit ID:

of boreholes: _____ # of dewatering wells: ____

Lease Name & Well #:

Aquifer, if known:

Date disinfected (mm/dd/yy):

LITHOLOGIC LOG

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	ed on	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 Licer	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