KOLAR Document ID: 1801216

WATER WELL RECORD (WWC-5)

KOLAR DOC ID _____

Original Record

Correction

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	diamete	r:		
fromto	_ft.	-	in	ı.		
fromto	_ft.	-	ir	ı.		
Casing height above land surface:in.						
If casing height is has a variance be			Yes N	Jo		
*variance not req or environmenta			0			
Casing type:				_		
Blank casing interval	:	ft. to	ft	•		
Blank casing diamete	er:	in.				
Casing joints:				_		
Weight:	lbs	/ft.				
Wall thickness or	gauge	no.:				
Blank casing interval	:	ft. to	ft			
Blank casing diamete	er:	in.				
Casing joints:				_		
	lbs					
Wall thickness or						
Grout interval:	ft. to	ft.				
Grout material:			_			
Grout interval:	ft. to	ft.				
Grout material:						
Screen / perforation r	naterial	:				
Screen / perforation	opening	gs:				
Screen / perforation i	ntervals	:				
Fromft. to		_ft.				
Slot size	_unit					
Fromft. to		_ft.				
Slot size	unit					
Gravel pack intervals	:					
Gravel pack not u	sed:	Gravel siz	e	in		
From ft. t						
Gravel pack not u			e	in		
From ft. 1						

	County					
WELL WATER USE						
сом	PLETION					
Dept	th of comp	leted well:		ft.		
-	-	ndwater encounter				
(1)	ft.;	(2)ft.;				
(3) _	ft.;	(4) dry well				
Stati	Static water level in well: ft.					
measured below land surface on (mm/dd/yy):						
measured above land surface on (mm/dd/yy):						
Estir	nated yield	l: gpm				
Wate	er level wa	s: ft. after	·	hours		
		pumping		gpm		
Pum	p installec	? Yes No				
Wate	er well disi	nfected? Yes	No			
Date disinfected (mm/dd/yy):						

Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential so within 100 feet	ource of contamination
ERMIT & ID NUM	BERS (AS REQUIRED)
DWR Application	No.:
	ect Code:
Site Name:	
KDHE UIC Class	V Form Completed: Yes N

of boreholes: _____ # of dewatering wells: _

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	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 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