KOLAR Document ID: 1805421

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

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F

Lease Name & Well #: ____

of boreholes: _____ # of dewatering wells: _

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				
CONCERNICEION				

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				
WELI	WATER U	SE			
сом	PLETION				
Dep	th of comp	leted we	11:		ft
Dep	th(s) groun	dwater e	encounter	ed:	
(1)_	ft.;	(2)	ft.;		
(3) _	ft.;	(4)	dry well		
Stati	c water lev	el in wel	l:	ft.	
	neasured b on (mm/dd		d surface		
-	neasured al on (mm/dd		d surface		
Estiı	mated yield	:	_ gpm		
Wate	er level was	:	ft. after		hours
			pumping		gpm
Pun	np installed	? Yes	No		
Wate	er well disii	nfected?	Yes	No	

IEAREST SOURCE OF POTENTIAL CONTAMINATION					
Source:					
Distance from well:	Direction from well:				
Source description:					
Source:					
Distance from well:	Direction from well:				
Source description:					
No potential source within 100 feet.	of contamination				
ERMIT & ID NUMBERS	(AS REQUIRED)				
DWR Application No.:_					
KDHE / EPA Project Co	ode:				
Site Name:					
KDHE UIC Class V For	rm Completed: Yes No				
County Permit: Yes	No Permit ID:				

Aquifer, if known:

Date disinfected (mm/dd/yy):

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 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