KOLAR Document ID: 1806631

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Correction

Lease Name & Well #: ____

of boreholes: _____ # of dewatering wells: _

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 *variance not required fo	roved?* Yes No						
or environmental reme	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/ft.							
Wall thickness or gauge no.:							
Grout interval: ft. to	oft.						
Grout material:							
Grout interval: ft. to	oft.						
Grout material:							
Screen / perforation material	:						
Screen / perforation opening	gs:						
Screen / perforation intervals	8:						
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 comp	leted well	:		ft.				
Dept	th(s) grour	ndwater e	ncounter	ed:					
(1)_	ft.;	(2)	ft.;						
(3) _	ft.;	(4) (4)	lry well						
Stati	c water lev	el in well:	·	ft.					
	neasured b n (mm/dd		lsurface						
	neasured a n (mm/dd		surface						
Estir	nated yield	l:	_gpm						
Wate	er level was	8:	_ft. after		hours				
		I	oumping		gpm				
Pum	p installed	? Yes	No						
Wate	er well disi	nfected?	Yes	No					

NEAREST SOURCE OF	POTENTIAL CONTAMINATION
Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential sour within 100 feet.	rce of contamination
PERMIT & ID NUMBE	RS (AS REQUIRED)
DWR Application No	0.:
	Code:
Site Name:	
KDHE UIC Class V	
County Permit: Ye	es 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 record 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 certified 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