# KOLAR Document ID: 1803417

# 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	1/2	1/4
Datum	Elevation	County							

## WATER WELL OWNER

Name					
Business					
Address					
Well location					
at owner's address					
CONCEPTION					

#### 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	s/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 compl	eted we	l:		ft.			
	Depth(s) groundwater encountered:							
(1)_	ft.;	(2)	ft.;					
(3)_	ft.;	(4)	dry well					
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	:	_ gpm					
Wate	er level was	:	_ ft. after		hours			
			pumping		gpm			
Pum	p installed	? Yes	No					
Wate	er well disir	nfected?	Yes	No				

Source:					
Distance	Direction				
from well:	from well:				
Source description:					
Source:					
Distance	Direction				
from well:	from well:				
Source					
description:					
No potential sour within 100 feet.	rce of contamination				
PERMIT & ID NUMBE	ERS (AS REQUIRED)				
DWR Application N	0.:				
KDHE / EPA Project Code:					
Site Name:					
KDHE UIC Class V	Form Completed: Yes No				
County Permit: Ye	es No Permit ID:				
Lease Name & Well #	#:				

# of boreholes: \_\_\_\_\_ # of dewatering wells: \_

NEAREST SOURCE OF POTENTIAL CONTAMINATION

# 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	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