## KOLAR Document ID: 1803199

# 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				
CONCEPTION				

#### CONSTRUCTION

Borehole interval:	Borehole	diameter:						
fromto	_ ft.	_	in.					
fromto	_ ft.	_	in.					
Casing height above land surface:in.								
If casing height is less than 12 in. has a variance been approved?* Yes No								
*variance not required for monitoring or environmental remediation wells								
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:	Casing joints:							
Weight:lbs/ft.								
Wall thickness or gauge no.:								
Grout interval: ft. to ft.								
Grout material:			_					
Grout interval: ft. toft.								
Grout material:								
Screen / perforation	material	:						
Screen / perforation	opening	gs:						
Screen / perforation 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								
сом	COMPLETION							
Depth of completed well: ft								
Dept	Depth(s) groundwater encountered:							
(1)_	(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):								
Estimated yield: gpm								
Wate	er level wa	s:	_ ft. after	·	hours			
		]	pumping		gpm			
Pum	p installed	l? Yes	No					
Water well disinfected? Yes No								
Date	Date disinfected (mm/dd/yy):							

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 source within 100 feet.	ce of contamination
PERMIT & ID NUMBER	RS (AS REQUIRED)
DWR Application No	.:
KDHE / EPA Project	Code:
Site Name:	
KDHE UIC Class V F	form Completed: Yes No
County Permit: Yes	No Permit ID:
Lease Name & Well #:	:

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

## Aquifer, if known:

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	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 License 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				

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