### KOLAR Document ID: 1801854

## WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Original Record

Correction

Lease Name & Well #: \_\_\_

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

WELL ID\_\_\_\_\_ Change in Well Use

#### LOCATION OF WATER WELL

Latitude	Longitude	Section	Т	Township	F	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 surface:					
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							
COMPLETION							
Dept	th of comp	leted w	rell:		ft.		
Dept	Depth(s) groundwater encountered:						
(1)_	ft.;	(2)	ft.;				
(3)_	ft.;	(4)	dry well				
Stati	c water lev	el in we	ell:	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 installed	? Ye	es No				
Wate	er well disi	nfected	? Yes	No			

NEAREST SOURCE O	F POTENTIAL CONTAMINATION
Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential sou within 100 feet.	urce of contamination
PERMIT & ID NUMB	ERS (AS REQUIRED)
DWR Application N	No.:
KDHE / EPA Projec	ct Code:
Site Name:	
KDHE UIC Class V	Form Completed: Yes No
County Permit:	les 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 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