KOLAR Document ID: 1811475

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Original Record

Correction

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:in.						
If casing height is less than 12 in. has a variance been approved?* 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						
Blank casing interval:	ft. toft.					
Blank casing diameter:	in.					
Casing joints:	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	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	ft.					
Gravel pack not used:						
From ft. to						

	County				
WELL WATER USE					
сом	PLETION				
Dept	th of comp	leted wel	l:		ft.
Dept	th(s) grou	ndwater e	encounte	red:	
(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	1:	_ gpm		
Wate	er level wa	s:	_ ft. after	·	hours
			pumping		gpm
Pum	p installed	l? Yes	No		
Wate	er well disi	nfected?	Yes	No	
Date disinfected (mm/dd/yy):					

Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential so within 100 feet	ource of contamination
PERMIT & ID NUM	BERS (AS REQUIRED)
DWR Application	No.:
	ect Code:
Site Name:	
KDHE UIC Class	V Form Completed: Yes No

of boreholes: _____ # of dewatering wells: _

Aquifer, if known:

LITHOLOG	GIC 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	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