KOLAR Document ID: 1821550

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				

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	roved?* Yes No
*variance not required f 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:	
Weight:lb	
Wall thickness or gauge	
Grout interval: ft. to	oft.
Grout material:	
Grout interval: ft. to	oft.
Grout material:	
Screen / perforation materia	l:
Screen / perforation openin	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			
Stati	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):						

IEAREST SOURCE	OF POTENTIAL CONTAMINATION
Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance	Direction from well:
Source description:	
No potential so within 100 feet	ource of contamination
PERMIT & ID NUM	BERS (AS REQUIRED)
DWR Application	No.:
KDHE / EPA Proje	ect Code:
Site Name:	
KDHE UIC Class	V Form Completed: Yes No
County Permit:	Yes No Permit ID:
Lease Name & Wel	11 #:

of boreholes: _____ # of dewatering wells: _

Aquifer, if known:

LITHOLOGIC LOG

FROM	то	LITHOLOGY INTERVALS
	1	

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