KOLAR Document ID: 1824007

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: _ Distance

Correction

Original Record

ft.

gpm

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 appr *variance not required fo or environmental reme	roved?* Yes No or monitoring
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	pft.
Grout material:	
Grout interval: ft. to	oft.
Grout material:	
Screen / perforation material	
Screen / perforation opening	
Screen / perforation intervals	
From ft. to	
Slot size unit	
From ft. to	
Slot size unit	
Gravel pack intervals:	
Gravel pack not used:	Gravel size in
From ft. to	
Gravel pack not used:	
From ft. to	

WELL WATER USE COMPLETION Depth of completed well: 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): ______

 Freimated vield: ______mm

Estimated yield:	gpm	
Water level was:	ft. after	hours

pumping _____ Pump installed? Yes No

Pump installed? Yes No

Water well disinfected? Yes No

Date disinfected (mm/dd/yy):

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 completed	on	I certify that this record is true to				
the best of my knowledge and belief. Th	is water well reco	rd was completed on				
under the business name of		,				
Kansas Water Well Contractor's License	e No	under the authority of the designated				
person as defined in K.A.R. 28-30-2(j) a	and signed and cer	rtified by the electronic signature of the				
designated person at its submittal:						
Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.						
KANSAS DEPARTMENT 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

from well:	from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	

NEAREST SOURCE OF POTENTIAL CONTAMINATION

Direction

No potential source of contamination within 100 feet.

PERMIT & ID NUMBERS (AS REQUIRED)

DWR Application No.:					
KDHE / EPA Project Code:					
Site Name:					
KDHE UIC Class V Form Completed: Yes No					
County Permit: Yes No Permit ID:					
Lease Name & Well #:					
# of boreholes: # of dewatering wells:					

