### KOLAR Document ID: 1835837

# WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Correction

Original Record

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:			
fromtoft.	in.			
fromtoft.	in.			
Casing height above land su				
If casing height is less th has a variance been app				
*variance not required for or environmental reme				
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:				
Casing joints:				
Weight:lbs	s/ft.			
Wall thickness or gauge				
Grout interval: ft. to	oft.			
Grout material:				
Grout interval: ft. to	oft.			
Grout material:				
Screen / perforation material	:			
Screen / perforation opening	gs:			
Screen / perforation intervals	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				
Gravel pack not used:				
From ft. to				

### WELL WATER USE

COMPLETION						
Depth of completed well:ft.						
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):						
Estimated yield: gpm						
Water level was: ft. afterhours						
pumping gpm						
Pump installed? Yes No						
Water well disinfected? Yes No						
Date disinfected (mm/dd/yy):						

NEAREST SOURCE C	F POTENTIAL CONTAMINATIO
Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential so within 100 feet.	arce of contamination
PERMIT & ID NUME	ERS (AS REQUIRED)
DWR Application 1	No.:
	ct Code:
Site Name:	
KDHE UIC Class V	Form Completed: Yes No

## Lease Name & Well #: \_\_\_\_\_\_ # of boreholes: \_\_\_\_\_\_ # of dewatering wells: \_\_\_\_

County Permit: Yes No Permit ID:

# Aquifer, if known:

FROM	то	LITHOLOGY INTERVALS			

#### COMMENTS

#### CONTRACTOR'S OR LANDOWNERS CERTIFICATION

T	his 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
t	he best of my know	ledge and belief.	. This water well rec	ord was completed on
u	nder the business 1	name of		,
K	Kansas Water Well G	Contractor's Lice	ense No	under the authority of the designated
p	erson as defined in	ı K.A.R. 28-30-20	(j) and signed and c	ertified by the electronic signature of the
d	lesignated person a	t its submittal:		
Sei	nd one copy to WATE	R 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