KOLAR Document ID: 1836883

WATER WELL RECORD (WWC-5)

KOLAR DOC ID _____

Source: _ Distance

from well:

from well:

Site Name:

within 100 feet.

DWR Application No.:_____ KDHE / EPA Project Code: ____

Lease Name & Well #:

Source description:

Source description: Source: _____ Distance

Correction

Original Record

WELL ID_____ Change in Well Use

NEAREST SOURCE OF POTENTIAL CONTAMINATION

No potential source of contamination

KDHE UIC Class V Form Completed: Yes No

County Permit: Yes No Permit ID:

of boreholes: _____ # of dewatering wells: _

PERMIT & ID NUMBERS (AS REQUIRED)

Direction

from well:

Direction

from well:

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:
fromto	_ ft.		in.
fromto	_ft.		in.
Casing height above	land su		
If casing height is has a variance be			Yes No
*variance not req or environmenta			e
Casing type:			
Blank casing interval	l:	ft. to	ft.
Blank casing diamete	er:	in.	
Casing joints:			
Weight:	lbs	s/ft.	
Wall thickness or	gauge	no.:	
Blank casing interval	l:	ft. to	ft.
Blank casing diamete			
Casing joints:			
	lbs		
Wall thickness or			
Grout interval:	ft. to	ft	
Grout material:			_
Grout interval:	ft. to	ft	
Grout material:			_
Screen / perforation r	naterial	:	
Screen / perforation	opening	gs:	
Screen / perforation i	ntervals	:	
Fromft. to		_ft.	
Slot size	unit		
Fromft. to		_ft.	
Slot size	unit		
Gravel pack intervals			
Gravel pack not u		Gravel siz	e in
From ft. t			
Gravel pack not u			e in
From ft. t			

	County							
WELL WATER USE								
сомі	PLETION							
Dept	th of comp	leted w	ell:		ft.			
Dept	Depth(s) groundwater encountered:							
(1)_	ft.;	(2)	ft.;					
(3) _	ft.;	(4)	dry well					
Stati	c water lev	el in we	·ll:	_ft.				
	neasured b n (mm/dd		nd surface					
measured above land surface on (mm/dd/yy):								
Estir	nated yield	l:	gpm					
Wate	er level was	:	ft. after		hours			
			pumping		gpm			
Pum	p installed	? Ye	s No					

Water well disinfected? Yes No

Date disinfected (mm/dd/yy):

Aquifer, if known:

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 Licer	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 a	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