## KOLAR Document ID: 1833011

# WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Correction

Original Record

WELL ID\_\_\_\_\_ Change in Well Use

## LOCATION OF WATER WELL

Latitude	Longitude	Section	Towns	ip .	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 surface:in.					
If casing height is has a variance be			Yes No		
*variance not rec or environment	•		0		
Casing type:					
Blank casing interval	l:	ft. to	ft.		
Blank casing diamete	er:	in.			
Casing joints:					
Weight:	lbs	/ft.			
Wall thickness or	r gauge i	no.:			
Blank casing interval	l:	ft. to	ft.		
Blank casing diamete	er:	in.			
Casing joints:					
	lbs				
Wall thickness or					
Grout interval:	ft. to	ft.			
Grout material:			_		
Grout interval:	ft. to	ft.			
Grout material:					
Screen / perforation	material	:			
Screen / perforation	opening	gs:			
Screen / perforation i	intervals	:			
Fromft. to		_ft.			
Slot size	unit				
From ft. to		_ft.			
Slot size	unit				
Gravel pack intervals	s:				
Gravel pack not u	ised:	Gravel size	e in		
From ft.					
Gravel pack not u			ein		
From ft.					

	County				
WELL WATER USE					
сом	PLETION				
Depth of completed well:					ft.
Dep	th(s) groui	ndwater en	counter	ed:	
(1)_	ft.;	(2)	ft.;		
(3) _	ft.;	(4) dr	y well		
Stati	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					
Wate	er level wa	:	ft. after		hours
		pu	mping		gpm
Pum	p installed	? Yes	No		
Water well disinfected? Yes No					
Date	disinfecte	d (mm/dd/	yy):		

NEAREST SOURCE OF	POTENTIAL CONTAMINATION
Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential source within 100 feet.	ce of contamination
PERMIT & ID NUMBER	RS (AS REQUIRED)
DWR Application No	.:
KDHE / EPA Project	Code:
Site Name:	
KDHE UIC Class V F	Form Completed: Yes No
County Permit: Yes	No Permit ID:
Lease Name & Well #:	:

# of boreholes: \_\_\_\_\_ # of dewatering wells: \_

## 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 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