# KOLAR Document ID: 1837459

# 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<br>W | Fraction | 1⁄4 | 1⁄4 | 1⁄4 |
|----------|-----------|---------|----------|-------|--------|----------|-----|-----|-----|
| Datum    | Elevation | County  |          |       |        |          |     |     |     |

## WATER WELL OWNER

| Name                  |  |  |  |  |
|-----------------------|--|--|--|--|
| Business              |  |  |  |  |
| Address               |  |  |  |  |
| Well location         |  |  |  |  |
| at owner's<br>address |  |  |  |  |
|                       |  |  |  |  |

#### CONSTRUCTION

| Borehole interval:  | Borehole diameter: |  |  |  |
|---|--------------------|--|--|--|
| fromtoft.   | in.                |  |  |  |
| fromtoft.   | in.                |  |  |  |
| Casing height above land su   |                    |  |  |  |
| If casing height is less the<br>has a variance been appr<br>*variance not required fo | roved?* Yes No     |  |  |  |
| or environmental remed  | U U                |  |  |  |
| 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  | ft.                |  |  |  |
| 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   | ft.                |  |  |  |
| Gravel pack not used:   |                    |  |  |  |
| From ft. to   |                    |  |  |  |

|   | County                   |          |            |    |       |  |  |
|---|--------------------------|----------|------------|----|-------|--|--|
| WELL WATER USE                                |                          |          |            |    |       |  |  |
|   |                          |          |            |    |       |  |  |
| сом   | PLETION                  |          |            |    |       |  |  |
| Dept  | th of compl              | eted wel | l:         |    | ft.   |  |  |
|   | th(s) groun              |          |            |    |       |  |  |
| (1)   | ft.;                     | (2)      | ft.;       |    |       |  |  |
| (3) _   | ft.;                     | (4)      | dry well   |    |       |  |  |
| Static water level in well: ft.               |                          |          |            |    |       |  |  |
|   | neasured be<br>n (mm/dd/ |          | l surface  |    |       |  |  |
| measured above land surface<br>on (mm/dd/yy): |                          |          |            |    |       |  |  |
| Estir   | nated yield              | :        | _gpm       |    |       |  |  |
| Wate  | er level was:            |          | _ft. after |    | hours |  |  |
|   |                          | 1        | pumping    |    | gpm   |  |  |
| Pum   | p installed              | Yes      | No         |    |       |  |  |
| Wate  | er well disir            | fected?  | Yes        | No |       |  |  |

| NEAREST SOURCE OF F                    | POTENTIAL CONTAMIN      | ATION |
|--|-------------------------|-------|
| Source:                                |                         |       |
| Distance<br>from well:                 | Direction<br>from well: |       |
| Source<br>description:                 |                         |       |
| Source:                                |                         |       |
| Distance<br>from well:                 | Direction<br>from well: |       |
| Source<br>description:                 |                         |       |
| No potential sourc<br>within 100 feet. | e of contamination      |       |
| PERMIT & ID NUMBER                     | S (AS REQUIRED)         |       |
| DWR Application No.                    | :                       |       |
| KDHE / EPA Project C                   | Code:                   |       |
| Site Name:                             |                         |       |
| KDHE UIC Class V Fo                    | orm Completed: Yes      | No    |
| County Permit: Yes                     | No Permit ID:           |       |

# Aquifer, if known:

Date disinfected (mm/dd/yy):

# LITHOLOGIC LOG

| FROM | то | LITHOLOGY INTERVALS |
|------|----|---------------------|
|      |    |                     |
|      |    |                     |
|      |    |                     |
|      |    |                     |
|      |    |                     |
|      |    |                     |
|      |    |                     |

Lease Name & Well #:

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

### COMMENTS

### CONTRACTOR'S OR LANDOWNERS CERTIFICATION

| This water well was constructed  | reconstructed          | pursuant to the stated water well                   |  |  |  |  |
|--|------------------------|---|--|--|--|--|
| contractor's license and was complet   | ed on                  | I certify that this record is true to               |  |  |  |  |
| the best of my knowledge and belief. This water well record 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