KOLAR Document ID: 1838225

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				

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	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	
Grout interval: ft. to	oft.
Grout material:	
Grout interval: ft. to	oft.
Grout material:	
Screen / perforation material	
Screen / perforation opening	gs:
Screen / perforation intervals	5:
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	

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 OF	F POTENTIAL CONT	AMIN/	TION
Source:			
Distance from well:	Direction from well:		
Source description:			
Source:			
Distance from well:	Direction		
Source description:			
No potential sou within 100 feet.	rce of contaminatio	on	
PERMIT & ID NUMBI	ERS (AS REQUIRED)	
DWR Application N	o.:		
KDHE / EPA Projec			
Site Name:			
KDHE UIC Class V	Form Completed:	Yes	No

County Permit: Yes No Permit ID: _

_____ Lease Name & Well #: _____ # of boreholes: ____ # of dewatering wells: _

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 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	rr 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