# KOLAR Document ID: 1833518

# WATER WELL RECORD (WWC-5)

KOLAR DOC ID \_\_\_\_\_

Source: \_ Distance

from well:

Source description: Source: Distance

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 U                   | SE       |           |    |     |  |
|   |                           |          |           |    |     |  |
| 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>on (mm/dd/ |          | l surface |    |     |  |
| measured above land surface<br>on (mm/dd/yy): |                           |          |           |    |     |  |
| Estir   | nated yield               | :        | _gpm      |    |     |  |
| Water level was: ft. afterhou                 |                           |          | hours     |    |     |  |
|   |                           | 1        | pumping   |    | gpm |  |
| Pum   | p installed               | Yes      | No        |    |     |  |
| Wate  | er well disir             | fected?  | Yes       | No |     |  |

| from well:  | from well:             |
|---|------------------------|
| Source description:                                       |                        |
| No potential sourc<br>within 100 feet.                    | e of contamination     |
| PERMIT & ID NUMBER  | S (AS REQUIRED)        |
| DWR Application No.<br>KDHE / EPA Project (<br>Site Name: | :<br>Code:             |
| KDHE UIC Class V Fe<br>County Permit: Yes                 |                        |
| Lease Name & Well #:<br># of boreholes:                   | # of dewatering wells: |

NEAREST SOURCE OF POTENTIAL CONTAMINATION

Direction

from well:

Direction

# Aquifer, if known:

Date disinfected (mm/dd/yy):

| LITHOLOGIC LOG |                     |  |  |  |  |
|----------------|---------------------|--|--|--|--|
| 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. 28-30-20  | 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