KOLAR Document ID: 1833474

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:					
fromto	_ ft.	_	in.				
fromto	_ ft.	_	in.				
Casing height above land surface:in.							
If casing height is less than 12 in. has a variance been approved?* 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:							
Weight:lbs/ft.							
Wall thickness or gauge no.:							
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							
COMPLETION							
Dept	ft.						
Dept	th(s) grou	ndwater e	ncounte	red:			
(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							
Wate	er level wa	s:	_ ft. after	·	hours		
		1	pumping	ī	gpm		
Pum	p installed	? Yes	No				
Wate	Water well disinfected? Yes No						
Date disinfected (mm/dd/yy):							

Source:	
Distance from well:	Direction from well:
Source description:	
Source:	
Distance from well:	Direction from well:
Source description:	
No potential so within 100 feet.	urce of contamination
ERMIT & ID NUMB	BERS (AS REQUIRED)
DWR Application 1	No.:
	ct Code:
Site Name:	
KDHE UIC Class V	Form Completed: Yes N
County Permit:	Yes No Permit ID:
Lease Name & Well	l #:

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	. 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 certified 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