KOLAR Document ID: 1841917

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Correction

Original Record

WELL ID Change in Well Use

LOCATION OF WATER WELL

| Latitude | Longitude | Section | Т | Township | F | 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 | | | | |

CONSTRUCTION

| Borehole interval: | Borehole diameter: | | | | | |
|--|--------------------|--|--|--|--|--|
| fromtoft. | in. | | | | | |
| fromtoft. | in. | | | | | |
| Casing height above land surface:ir | | | | | | |
| If casing height is less than 12 in. has a variance been approved?* Yes | | | | | | |
| *variance not required for or environmental reme | Ũ | | | | | |
| 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 interval | s: | | | | | |
| Fromft. to | _ft. | | | | | |
| Slot size unit | | | | | | |
| From ft. to | _ft. | | | | | |
| Slot size unit | | | | | | |
| Gravel pack intervals: | | | | | | |
| Gravel pack not used: | Gravel size in | | | | | |
| From ft. to | | | | | | |
| | Gravel size in | | | | | |
| From ft. to | | | | | | |

| | County | | | | | |
|---|------------------------|---------|-------------|------|-------|--|
| WELL WATER USE | | | | | | |
| | | | | | | |
| сомі | PLETION | | | | | |
| Dept | th of comp | leted w | vell: | | ft | |
| Dep | th(s) grou | ndwater | r encounter | red: | | |
| (1)_ | ft.; | (2) | ft.; | | | |
| (3) _ | ft.; | (4) | dry well | | | |
| Static water level in well: ft. | | | | | | |
| | neasured b n (mm/dd | | nd surface | | | |
| measured above land surface on (mm/dd/yy): | | | | | | |
| Estir | nated yield | l: | gpm | | | |
| Wate | er level was | s: | ft. after | | hours | |
| | | | pumping | | gpm | |
| Pum | p installed | ? Ye | es No | | | |
| Wate | er well disi | nfected | ? Yes | No | | |

| Source: | | | | | |
|---|----------------------|--|--|--|--|
| Distance | Direction | | | | |
| from well: | from well: | | | | |
| Source description: | | | | | |
| Source: | | | | | |
| Distance | Direction | | | | |
| from well: | from well: | | | | |
| Source | | | | | |
| description: | | | | | |
| No potential sour within 100 feet. | rce of contamination | | | | |
| PERMIT & ID NUMBE | RS (AS REQUIRED) | | | | |
| DWR Application No | 0.: | | | | |
| KDHE / EPA Project Code: | | | | | |
| Site Name: | | | | | |
| KDHE UIC Class V Form Completed: Yes No | | | | | |
| County Permit: Yes No Permit ID: | | | | | |
| Lease Name & Well # | <i>*</i> : | | | | |

of boreholes: _____ # of dewatering wells: _

NEAREST SOURCE OF POTENTIAL CONTAMINATION

Aquifer, if known: LITHOLOGIC LOG

Date disinfected (mm/dd/yy):

| FROM | то | LITHOLOGY INTERVALS | | | |
|------|----|---------------------|--|--|--|
| | | | | | |
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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 Licer | 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 | KANSAS DEPARTMENT 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