Change in Well Use

WELL ID

Correction

KOLAR DOC ID

(785) 296-3565 | K.S.A. 82a-1212 | v2022c

Original Record

WATER WELL RECORD (WWC-5)

LOCATION	I OF V	ATER WELL	•																
Latitude			Longitude			Section		Township		Range	E W	Fraction	1/4	1/4	1/4				
Datum			Elevation			County													
WATER WE	LL O	VNER			WELL	. WATER U	SE				NEAREST S	OURCE OF F	OTENTIAL (ONTAMI	NATION				
Name											Source:								
Business					сомі	PLETION					Distance from well:		Direction from we						
Address				Depth of completed well:ft. Depth(s) groundwater encountered:						Source description									
Well location				(3)	(1) ft.; (2) ft.; (3) ft.; (4) dry well					Source: Distance Direction from well:									
at owner's address				Static water level in well: ft. measured below land surface on (mm/dd/yy):						Source description:									
CONSTRUCTION						measured above land surface					No potential source of contamination within 100 feet.								
Borehole interval: Borehole diameter:					on (mm/dd/yy):														
fromtoftin.					Estir	Estimated yield: gpm					PERMIT & ID NUMBERS (AS REQUIRED)								
fromtoftin.					Wate	er level wa	8:	ft. after	ho	urs	DWR Application No.:								
Casing he	ove land sur	face:		pumping gpm					KDHE / EPA Project Code:										
If casing height is less than 12 in.						Pump installed? Yes No					Site Name:								
has a variance been approved?* Yes No					Mate	w wall disi	nfactadi	Vac N			KDHE UIC Class V Form Completed: Yes No								
*variance not required for monitoring or environmental remediation wells					Water well disinfected? Yes No Date disinfected (mm/dd/yy):						County Permit: Yes No Permit ID:								
Casing type:					Dute distincted (mm, dd, yy).						Lease Name & Well #: # of dewatering wells:								
Blank cas	ing int	erval:	ft. to	ft.	Aqui	ifer, if kno	wn:				# Of boren	nes:	# of dewate	ring wells:					
Blank cas	ing dia	meter:	in.		LITHO	DLOGIC LO	OG												
Casing joints:				FRC	M T) L	ITHOLOGY I	NTERVA	LS										
		lbs																	
			10.:																
	-		ft. to	ft.															
	_	meter:																	
Casing joints: Weight: lbs/ft.																			
Wall thickness or gauge no.:																			
				_															
		ft. to																	
		ial:																	
Grout interval: ft. to ft. Grout material:						MENTS													
Grout	inucci																		
Screen / p	erfora	ion material:																	
		s:	CONTRACTOR'S OR LANDOWNERS CERTIFICATION																
Screen / perforation intervals:					This water well was constructed reconstructed pursuant to the stated water well														
Fromft. toft.					contractor's license and was completed on I certify that this record is true to														
Slot size unit					the best of my knowledge and belief. This water well record was completed on														
From ft. to ft.					under the business name of,														
Slot size unit					Kansas Water Well Contractor's License No under the authority of the designated														
Gravel pack intervals:					person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the														
Gravel pack not used: Gravel sizein					designated person at its submittal:														
Fromft. toft.					Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.														
Gravel pack not used: Gravel size in From ft. to ft.					KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT														
From		_ п. то	ft.			Bure	au of Wa		Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367										