

WATER WELL RECORD (WWC5.2)

Constructed

KOLAR DOC ID _____ WELL ID _____

LOCATION OF WATER WELL

County	Section	Township	Range	^E / _W Fraction	¼	¼	¼
Latitude	Longitude	Datum	Elevation				

WATER WELL LOCATION _____ at owner's address

WATER WELL OWNER

Name	
Business	
Address	

PERMIT & ID NUMBERS (AS REQUIRED)

DWR Application No.: _____
 KDHE / EPA Project Code: _____
 Site Name: _____
 KDHE UIC Class V Form Completed: Yes No
 County/Local Permit Required? Yes No
 Permit Obtained? Yes No Permit ID: _____
 Oil/Gas Lease Name & Well #: _____

CONSTRUCTION

Casing: Height above land surface: _____ in.
 Is casing height less than 12 inches? Yes No

Blank Casing type: _____
 1st interval: _____ ft. to _____ ft.; Diameter _____ in.
 Casing Joint: : _____ Weight: _____ lbs/ft
 Wall thickness or gauge no.: _____
 2nd interval: _____ ft. to _____ ft.; Diameter _____ in.
 Casing Joint: : _____ Weight: _____ lbs/ft
 Wall thickness or gauge no.: _____
 3rd interval: _____ ft. to _____ ft.; Diameter _____ in.
 Casing Joint: : _____ Weight: _____ lbs/ft
 Wall thickness or gauge no.: _____

Screen / Perforation material: _____
 Specify if other: _____
 Screen / Perforation openings: _____
 1st interval _____ ft. to _____ ft. Slot Size _____
 2nd interval _____ ft. to _____ ft. Slot Size _____
 3rd interval _____ ft. to _____ ft. Slot Size _____

DESIGNATED PERSON

CONTRACTOR BUSINESS NAME

WELL WATER USE

Additional info if required:
 # of Boreholes _____ # of Dewatering Wells _____

COMPLETION

Depth of completed well: _____ ft.
 Depth(s) groundwater encountered: Dry Well
 (1) _____ ft.; (2) _____ ft.; (3) _____ ft.;

Static water level in well: _____ ft.
 Date measured: _____
 Measured from: Top of Casing or Ground Surface
 Measured: Above or Below Land Surface

Estimated yield: _____ gpm
 Pump Test Date: Water level was:
 _____ ft. after _____ hours pumping _____ gpm
 _____ ft. after _____ hours pumping _____ gpm

Pump Information:

Pump Installed? Yes No Date: _____
 Pump Type: _____ Horsepower: _____ Volts: _____
 Drop Pipe Diameter: _____ in. Drop Pipe Length: _____ ft.

Water well disinfected? Yes No
 Date disinfected (mm/dd/yy): _____

CONSTRUCTION

Borehole interval: from _____ to _____ ft.	Borehole diameter: _____ in.
from _____ to _____ ft.	
from _____ to _____ ft..	

Grout:

1st Interval: _____ ft. to _____ ft. Grout material: _____
 2nd Interval: _____ ft. to _____ ft. Grout material: _____
 3rd Interval: _____ ft. to _____ ft. Grout material: _____

Gravel pack: _____ Not Used

1st Interval: _____ ft. to _____ ft. Gravel Size: _____
 2nd Interval: _____ ft. to _____ ft. Gravel Size: _____
 3rd Interval: _____ ft. to _____ ft. Gravel Size: _____

WELL COMPLETION DATE

WATER WELL RECORD (WWC-5)

Constructed

KOLAR DOC ID _____ WELL ID _____

LOCATION OF WATER WELL

County		Section		Township		Range		^E / _W Fraction	¹ / ₄	¹ / ₄	¹ / ₄
Latitude		Longitude		Datum		Elevation					
Well Owner				Well Owner Business							

NEAREST SOURCE OF POTENTIAL CONTAMINATION				or	No potential source of contamination within 100 ft.						
Source:		Distance from well (ft):		Direction from well:		Source:		Distance from well (ft):		Direction from well:	
Source description:						Source description:					
Required information for local entity? Yes No				Required information for local entity? Yes No							

LITHOLOGIC LOG

AQUIFER, if known

FROM	TO	LITHOLOGY

COMMENTS	This water well was constructed reconstructed pursuant to the stated water well contractor's license and was completed on . 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 , KS Water Well Contractor's License 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 the water well owner and the contractor should retain one copy.
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