

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. from _____ to _____ ft. from _____ to _____ ft..	Borehole diameter: _____ in. _____ in. _____ in.
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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		¼	¼	¼
Latitude		Longitude		Datum		Elevation						
Well Owner				Well Owner Business								

NEAREST SOURCE OF POTENTIAL CONTAMINATION or No potential source of contamination within 100 ft.

Source:			Source:		
Distance from well (ft):		Direction from well:		Distance from well (ft):	
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	<p>This water well was constructed reconstructed pursuant to the stated water well contractor’s license and was completed on .</p> <p>I certify that this record is true to the best of my knowledge and belief. This water well rcord 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.</p>
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