KOLAR DOC ID \_\_\_\_\_ WELL ID\_

## **WATER WELL RECORD** (WWC-5)

From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

LOCATION OF	WATER WELI	L					(	Original Red	cord	Correction	Ch	ange	in Wel	l Use	
Latitude		Longitude			Section		Township	Rang	ge	E W Fraction	1,	/4	1/4	1/4	
Datum		Elevation			County					**					
WATER WELL OWNER				WELL WATER USE					NE	NEAREST SOURCE OF POTENTIAL CONTAMINATION					
Name									S	ource:					
Business				COMF	LETION				_   _	Distance rom well:		ection			
			Depth of completed well: ft.					7   ti	rom well:	from	m well:_				
Address				Depth(s) groundwater encountered:						ource escription:					
				(1) ft.; (2) ft.;						ource:					
Well location					(3) ft.; (4) dry well							ection			
					Static water level in well: ft.					from well: from well:					
at owner's address					measured below land surface					ource escription:					
uuuress					on (mm/dd/yy):										
CONSTRUCTIO	measured above land surface						No potential source of contamination within 100 feet.								
Borehole interval: Borehole diameter:			meter:	on (mm/dd/yy):					PE	PERMIT & ID NUMBERS (AS REQUIRED)					
fromto ft in.				Estimated yield: gpm											
fromto ft in.				Water level was: ft. afterhours						DWR Application No.:					
Casing height	in.	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				Water well disinfected? Yes No						KDHE UIC Class V Form Completed: Yes No County Permit: Yes No Permit ID:					
*variance not required for monitoring or environmental remediation wells				Date disinfected (mm/dd/yy):					1 1	Lease Name & Well #:					
Casing type:										of boreholes:					
Blank casing in			ft.	Aqui	fer, if know	n:					_ # Of uc	waterin	g wens.		
Blank casing d					LOGIC LO										
	nts:			FRO	м то	L	ITHOLOGY II	NTERVALS							
_	lbs														
Blank casing in	ness or gauge 1														
Blank casing d			1t.												
	nts:														
	lbs														
Ü	ness or gauge 1														
Grout mat	: π. το erial:														
Grout interval															
Grout mat		COMMENTS													
Screen / perfor	ation material:	1													
Screen / perfor	ration opening	gs:		CONT	RACTOR'S	OR LA	ANDOWNERS	CERTIFICATION	ON						
Screen / perfor	ation intervals	:		This	water we	ll was	constructed	l recons	tructed	d pursuant	to the stat	ted wat	er well		
From	_ft. to	_ft.		cont	ractor's li	cense a	and was com	pleted on		-					
Slot size	unit _							=		record was com					
From	_ ft. to	_ft.			-		-				=			_	
Slot size	unit _									under the					
Gravel pack in										d certified by th	-		_		
	k not used:		in	-			t its submitta		,u al	cordined by th	- CICCHOII	01 <u>8</u> 11	acare 0.		
	ft. to								one for	your records. Fee o	of \$5,00 for	each co	netruoto	d wall	
Gravel pac	k not used:	Gravel size _	in	ociiu (	ле сору ю	* * * * * * * * * * * * * * * * * * *	11 PPP () 141	TEL GILG I CIGIII	J11C 10I	Jour records, ree	,, ψυ.ου 10I	cacii CO	11311 11616	a well.	

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