KOLAR Document ID: 1644984

WELL ID

KOLAR DOC ID\_

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

| Latitude   | Longitude            | Section               | To  | ownship      | Range         | E<br>W Fraction                         | 1/4                              | 1/4  |  |  |
|--|----------------------|-----------------------|---|--------------|---------------|---|----------------------------------|------|--|--|
| Datum  | Elevation            | County                |   |              |               | .,                                      |                                  |      |  |  |
| ATER WELL OWNER  |                      | WELL WATER (          | JSE   |              |               | PERMIT & ID NUMBERS                     | (AS REQUIRI                      | ED)  |  |  |
| Name   |                      |                       |   |              |               | DWR Application No.:                    |                                  |      |  |  |
| Business   |                      | WELL INFORM           | WELL INFORMATION  |              |               |   | KDHE / EPA Project Code:         |      |  |  |
| Address  | Depth of well:       | Depth of well: ft.    |   |              |               | Site Name:                              |                                  |      |  |  |
|  |                      | Dry well              | Dry well  |              |               | KDHE UIC Class V Form Completed: Yes No |                                  |      |  |  |
| Well location  |                      | measured l            | Static water level in well: ft. measured below land surface |              |               |   | County Permit: Yes No Permit ID: |      |  |  |
| at owner's<br>address  |                      |                       | on (mm/dd/yy):  |              |               | Lease Name & Well #:                    |                                  |      |  |  |
| address  |                      |                       | neasured above land surface n (mm/dd/yy):                   |              |               | # of boreholes: # of dewatering wells:  |                                  |      |  |  |
| ASING  |                      | GROUT & PLU           | GGING MAT   | ERIALS       |               |   |                                  |      |  |  |
| Type of blank casing used:                                   |                      | Grout or Pl           | Grout or Plugging   |              |               |   |                                  |      |  |  |
| Casing type details:   |                      | interval              | interval (ft.)  |              |               | Description                             |                                  |      |  |  |
| Blank casing diameter:                                       | inches               | From                  | То  |              |               |   |                                  |      |  |  |
| Was casing removed?  | Yes No               |                       |   |              |               |   |                                  |      |  |  |
| Top of casing is currently _                                 | feet                 |                       |   |              |               |   |                                  |      |  |  |
|  | ground               |                       |   |              |               |   |                                  |      |  |  |
| Reason required if top of ca<br>feet below ground surface fo | •                    |                       |   |              |               |   |                                  |      |  |  |
| less than 3 feet below groun                                 | · ·                  |                       |   |              |               |   |                                  |      |  |  |
| types of wells.  |                      | COMMENTS              |   |              |               |   |                                  |      |  |  |
|  |                      |                       |   |              |               |   |                                  |      |  |  |
|  |                      |                       |   |              |               |   |                                  |      |  |  |
|  |                      |                       |   |              |               |   |                                  |      |  |  |
| ONTRACTOR'S OR LAND  |                      |                       | , , , , , ,   | 1            | 1. 1          | · · · · · · · · · · · · · · · · · · ·   |                                  |      |  |  |
| - <del>-</del>   |                      |                       |   |              | =             | on I ce                                 | -                                |      |  |  |
| recora is true to the best                                   |                      |                       |   | _            |               | under the bu                            |                                  | : 01 |  |  |
| outhority of the designat                                    |                      |                       |   |              |               | License No                              |                                  |      |  |  |
| authority of the designat                                    | ed person as defined | ı III N.M.N. 20-3U-2( | j) and signe  | and certifie | ed by the ele | ectronic signature of the               | aesignated                       |      |  |  |

Send one copy to WATER WELL OWNER and retain one for your records.