KOLAR DOC ID _____ WELL ID_

WATER WELL RECORD (WWC-5)

From _____ ft. to _____ ft.

LOCATION OF WATER	WELL					Ori	ginal Recor	d Co	rrection	Chang	e in We	ll Use
Latitude	Longitude			Section	Townsh	ip	Range	E W	Fraction	1/4	1/4	1/4
Datum	Elevation			County								
WATER WELL OWNER			WELL WATER USE					NEAREST S	OURCE OF F	OTENTIAL C	ONTAMIN	NATION
Name								Source:				
Business			COMP	LETION				Distance		Direction		
Dusiness								from well:	:	_ from we	l:	
Address			Depth of completed well:ft. Depth(s) groundwater encountered:					Source descriptio	n:			
Well location			(1)	(1) ft.; (2) ft.;				Source:				
			(3)	(3) ft.; (4) dry well				Distance Direction from well:				
at owner's			Static water level in well: ft.						·	_ from we	ll;	
address			measured below land surface on (mm/dd/yy):					Source descriptio	n:			
CONSTRUCTION				•	ove land surface					e of contami	nation	
Borehole interval:	Borehole dia	meter:	or	n (mm/dd/y	yy):				100 feet.			
fromto ftin.			Estimated yield: gpm					PERMIT & ID NUMBERS (AS REQUIRED)				
fromtof	in.	Water level was: ft. afterhours				hours	DWR Application No.:					
Casing height above lar		pumpinggpm					KDHE / EPA Project Code:					
If casing height is less than 12 in.			Pump	Pump installed? Yes No				Site Name:				
has a variance been approved?* Yes No								KDHE UIC Class V Form Completed: Yes No				
*variance not required for monitoring or environmental remediation wells			Water well disinfected? Yes No					County Permit: Yes No Permit ID:				
	remediation wells		Date	disinfected	(mm/dd/yy): _			Lease Nar	ne & Well #:			
Casing type:Blank casing interval:	ft to		Aquif	er, if know	n:			# of boreh	oles:	# of dewater	ring wells:	
Blank casing diameter:				LOGIC LOG								
Casing joints:			FRO			YINTE	RVALS					
Weight:			- 110									
Wall thickness or g												
Blank casing interval:	•											
Blank casing diameter:												
Casing joints:												
Weight:												
Wall thickness or g												
Grout metarial												
Grout material:												
Grout interval:			COMM	IENTS								
Grout material:												
Screen / perforation ma	atorial:											
Screen / perforation op			CONT	DACTOR'S	OR LANDOWN	EDC CEI	DTIELCATION					
Screen / perforation into										414-4-1	11	
Fromft. to					l was constru		reconstru	-		the stated w		
					ense and was	_			-	at this recor		
Slot size From ft. to				-	knowledge an				_			
					ness name of _							,
Slot size Gravel pack intervals:		Kansas Water Well Contractor's License No under the authority of the designated										
Gravel pack not use	nd. Cravel size		perso	on as defir	ned in K.A.R. 2	8-30-2	(j) and signe	d and certif	ied by the e	lectronic sią	gnature o	f the
From ft. to		in	desig	gnated per	son at its subn	ittal:						
Gravel pack not use					WATER WELL (and retain one	for your rece	ords. Fee of \$	5 00 for each	construct	ed well

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

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