KOLAR DOC ID _____ WELL ID_

WATER WELL RECORD (WWC-5)

LOCATION OF WATER WELI	L				Orio	ginal Recor	d Correction	Change in \	Well Us
Latitude	Longitude		Sec	ction	Township	Range	E W Fraction	1/4 1/4	1
Datum	Elevation		Co	unty					
WATER WELL OWNER			WELL WA	TER USE			NEAREST SOURCE OF PO	TENTIAL CONTA	MINATIO
Name							Source:		
Business			COMPLET	TION .			Distance	Direction	
Dusiness							from well:	from well:	
Address			Depth of completed well:ft. Depth(s) groundwater encountered:				Source description:		
			(1)	ft.; (2	2) ft.;		Source:		
Well location			(3)	ft.; (4	4) dry well		Distance from well:	Direction	
at owner's address			meas	ured belo	n well: ft. w land surface		Source description:	nom wem	
CONSTRUCTION				nm/dd/yy			No potential source	of contamination	1
Borehole interval: Borehole diameter:			measured above land surface on (mm/dd/yy):				within 100 feet.		
fromto ft.		in.	Estimate	d vield:	gpm		PERMIT & ID NUMBERS	(AS REQUIRED)	
fromto ft.					ft. after	hours	DWR Application No.:		
Casing height above land surface: 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 appr		s No	- 1				KDHE UIC Class V For	m Completed:	Yes N
*variance not required fo	or monitoring		Water we	ell disinfe	cted? Yes No		County Permit: Yes	No Permit ID:	
or environmental remed	diation wells		Date disi	nfected (1	mm/dd/yy):		Lease Name & Well #: _		
Casing type:			1 :6	.61			# of boreholes:		
Blank casing interval:		ft.	Aquiter,	if known:	!			——————————————————————————————————————	CHO
Blank casing diameter:			LITHOLO	GIC LOG					
Casing joints:			FROM	то	LITHOLOGY INTER	RVALS			
Weight:lbs									
Wall thickness or gauge									
Blank casing interval:		ft.							
Blank casing diameter:	in.								
Casing joints:									
Weight:lbs	s/ft.								
Wall thickness or gauge	no.:								
Grout interval: ft. to	ft.								
Grout material:									
Grout interval: ft. to									
Grout material:			COMMEN	ITS					
Orout Mutorius									
Screen / perforation material:	:								
Screen / perforation opening			CONTRAC	CTOR'S C	OR LANDOWNERS CER	RTIFICATION			
Screen / perforation intervals					was constructed	reconstru	cted nursuant to the	he stated water v	well
From ft. to							•		
Slot size unit _					_		I certify that		
From ft. to				-	=		vell record was complete		
Slot size unit _									
Gravel pack intervals:			Kansas	Water W	Vell Contractor's Lice	nse No	under the auth	ority of the des	ignated
Gravel pack not used:	Gravel cize	:	person	as define	ed in K.A.R. 28-30-2(j) and signed	d and certified by the ele	ctronic signatu	re of th
From ft. to		in	designa	ted perso	on at its submittal:				
Gravel pack not used:		in	Send one	copy to W	ATER WELL OWNER	and retain one	for your records. Fee of \$5.	.00 for each constr	ructed w
From ft. to				Bureau o	of Water, Geology Section	on, 1000 SW J	EALTH AND ENVIRONME ackson St., Suite 420, Tope		7

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