

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

KOLAR DOC ID \_\_\_\_\_ WELL ID \_\_\_\_\_  
 Original Record      Correction      Change in Well Use

**LOCATION OF WATER WELL**

|          |  |           |  |         |  |          |  |       |  |        |          |   |   |   |
|----------|--|-----------|--|---------|--|----------|--|-------|--|--------|----------|---|---|---|
| Latitude |  | Longitude |  | Section |  | Township |  | Range |  | E<br>W | Fraction | ¼ | ¼ | ¼ |
| Datum    |  | Elevation |  | County  |  |          |  |       |  |        |          |   |   |   |

**WATER WELL OWNER**

|                                         |  |
|-----------------------------------------|--|
| Name                                    |  |
| Business                                |  |
| Address                                 |  |
| Well location<br><br>at owner's address |  |

**WELL WATER USE**

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**COMPLETION**

|                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| Depth of completed well: _____ ft.                                                                                                                  |
| Depth(s) groundwater encountered:<br>(1) _____ ft.; (2) _____ ft.;<br>(3) _____ ft.; (4) dry well                                                   |
| Static water level in well: _____ ft.<br>measured below land surface<br>on (mm/dd/yy): _____<br>measured above land surface<br>on (mm/dd/yy): _____ |
| Estimated yield: _____ gpm                                                                                                                          |
| Water level was: _____ ft. after _____ hours<br>pumping _____ gpm                                                                                   |
| Pump installed?    Yes    No                                                                                                                        |
| Water well disinfected?    Yes    No                                                                                                                |
| Date disinfected (mm/dd/yy): _____                                                                                                                  |
| Aquifer, if known:                                                                                                                                  |

**NEAREST SOURCE OF POTENTIAL CONTAMINATION**

|                                                           |
|-----------------------------------------------------------|
| Source: _____                                             |
| Distance from well: _____      Direction from well: _____ |
| Source description: _____                                 |
| Source: _____                                             |
| Distance from well: _____      Direction from well: _____ |
| Source description: _____                                 |
| No potential source of contamination within 100 feet.     |

**CONSTRUCTION**

|                                                                                  |                                 |
|----------------------------------------------------------------------------------|---------------------------------|
| Borehole interval:<br>from _____ to _____ ft.                                    | Borehole diameter:<br>_____ in. |
| from _____ to _____ ft.                                                          | _____ in.                       |
| Casing height above land surface: _____ in.                                      |                                 |
| If casing height is less than 12 in. has a variance been approved?*    Yes    No |                                 |
| *variance not required for monitoring or environmental remediation wells         |                                 |
| Casing type: _____                                                               |                                 |
| Blank casing interval: _____ ft. to _____ ft.                                    |                                 |
| Blank casing diameter: _____ in.                                                 |                                 |
| Casing joints: _____                                                             |                                 |
| Weight: _____ lbs/ft.                                                            |                                 |
| Wall thickness or gauge no.: _____                                               |                                 |
| Blank casing interval: _____ ft. to _____ ft.                                    |                                 |
| Blank casing diameter: _____ in.                                                 |                                 |
| Casing joints: _____                                                             |                                 |
| Weight: _____ lbs/ft.                                                            |                                 |
| Wall thickness or gauge no.: _____                                               |                                 |
| Grout interval: _____ ft. to _____ ft.                                           |                                 |
| Grout material: _____                                                            |                                 |
| Grout interval: _____ ft. to _____ ft.                                           |                                 |
| Grout material: _____                                                            |                                 |
| Screen / perforation material: _____                                             |                                 |
| Screen / perforation openings: _____                                             |                                 |
| Screen / perforation intervals:<br>From _____ ft. to _____ ft.                   |                                 |
| Slot size _____ unit _____                                                       |                                 |
| From _____ ft. to _____ ft.                                                      |                                 |
| Slot size _____ unit _____                                                       |                                 |
| Gravel pack intervals:<br>Gravel pack not used:    Gravel size _____ in          |                                 |
| From _____ ft. to _____ ft.                                                      |                                 |
| Gravel pack not used:    Gravel size _____ in                                    |                                 |
| From _____ ft. to _____ ft.                                                      |                                 |

**PERMIT & ID NUMBERS (AS REQUIRED)**

|                                                       |
|-------------------------------------------------------|
| DWR Application No.: _____                            |
| KDHE / EPA Project Code: _____                        |
| Site Name: _____                                      |
| KDHE UIC Class V Form Completed:    Yes    No         |
| County Permit:    Yes    No    Permit ID: _____       |
| Lease Name & Well #: _____                            |
| # of boreholes: _____    # of dewatering wells: _____ |

**LITHOLOGIC LOG**

| FROM | TO | LITHOLOGY INTERVALS |
|------|----|---------------------|
|      |    |                     |
|      |    |                     |
|      |    |                     |
|      |    |                     |
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**COMMENTS**

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**CONTRACTOR'S OR LANDOWNERS CERTIFICATION**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| This water well was    constructed    reconstructed    pursuant to the stated water well contractor's license and was completed on _____. I certify that this record is true to the best of my knowledge and belief. This water well record was completed on _____ under the business name of _____, Kansas 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 WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.