WELL ID

KOLAR DOC ID

Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367 (785) 296-3565 | K.S.A. 82a-1212 | v2022c

WATER WELL RECORD (WWC-5)

LOCATION OF V	NATER WELI	L					Original Reco	rd Correction	Change	e in Well	Use
Latitude		Longitude			Section	Township	Range	E W Fraction	1/4	1/4	1/4
Datum		Elevation			County			***			
WATER WELL O	WNER			WELL WATER USE				NEAREST SOURCE OF POTENTIAL CONTAMINATION			
Name								Source:			
Business				COMP	PLETION			1			
Dustitess								Distance from well:	_ from well	l:	
Address				1 -	-	eted well: lwater encountered		Source description:			
				(1)_	ft.;	(2) ft.;		Source:			
Well location				(3)	ft.;	(4) dry well		Distance from well:		1 1.	
at owner's address				m		l in well:	ft.	Source description:	_ Hom wer		
CONSTRUCTIO				m	neasured ab	ove land surface		No potential source within 100 feet.	of contamir	nation	
Borehole interval: Borehole diameter:				on (mm/dd/yy):				PERMIT & ID NUMBERS (AS REQUIRED)			
fromto			in.			gpm		_			
fromtoftin.				Water level was:ft. afterhours				DWR Application No.:			
Casing height above land surface:in.				pumpinggpm				KDHE / EPA Project Code: Site Name:			
If casing height is less than 12 in.				Pump installed? Yes No							NI-
has a variance been approved?* Yes No *variance not required for monitoring				Water well disinfected? Yes No				KDHE UIC Class V Form Completed: Yes No County Permit: Yes No Permit ID:			
or environmental remediation wells				Date disinfected (mm/dd/yy):				Lease Name & Well #:			
Casing type:								# of boreholes: # of dewatering wells:			
Blank casing in	terval:	ft. to	ft.	Aqui	fer, if know	n:		# of borchoics.	# of dewater	ing wens: _	
Blank casing di	ameter:	in.		LITHO	LOGIC LO	G					
				FRO	м то	LITHOLOGY	INTERVALS				
_	lbs										
		no.:	I .								
Blank casing in			ft.								
Blank casing di											
	ts:										
Weight:											
Wall thickn	ess or gauge	no.:									
Grout interval:	ft. to	ft.									
Grout mate	rial:										
Grout interval:	ft. to	ft.		COMA	ΛENTS						
Grout mate	rial:			COMIN	/ILIN13						
Screen / perfora	tion material	:									
Screen / perfora				CONT	RACTOR'S	OR LANDOWNER	S CERTIFICATION				
Screen / perfora	tion intervals	:		This	water wel	l was constructe	ed reconstru	icted pursuant to t	he stated w	ater well	
From	ft. to	_ft.		cont	ractor's lic	ense and was cor		I certify that			
	unit						_	well record was complet			-
From	ft. to	_ft.			-	_		wen record was complet			_
Slot size	unit										
Gravel pack int	ervals:							under the aut	-	_	
Gravel pack not used: Gravel size in				person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the							
From	_ ft. to	ft.		desi	gnated per	son at its submitt	tal:	·			
Gravel pack	not used:	Gravel size	in	Send o	one copy to			e for your records. Fee of \$5		constructe	d well.
	ft. to					KANSAS D	EPARTMENT OF H	IEALTH AND ENVIRONMI	ENT		