WELL ID

KOLAR DOC ID \_\_\_

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

LOCATIO	N OF V	VATER WELL	i					Ori	iginal Recor	d Co	rrection	Change	e in Well Use
Latitude			Longitude		3	Section		Township	Range	E W	Fraction	1/4	1/4 1/4
Datum			Elevation		(	County							
WATER W	ELL O	WNER			WELLV	VATER US	E			NEAREST S	SOURCE OF P	OTENTIAL CO	ONTAMINATION
Name										Source:			
					COMPL	FTION							
Business				COMPLETION					Distance Direction from well:				
Address				Depth of completed well:ft.				Source					
				Depth	(s) ground	lwater e	encountered:		descriptio	on:			
Well location				(1) ft.; (2) ft.;					Source:				
				(3)ft.; (4) dry well								ı !:	
at owner's				Static water level in well: ft.					Source	i	_ IIOIII Weii	ii	
address					measured below land surface					description:			
CONSTRU	CTIOI					(mm/dd/y	•			No not	tential source	of contamir	nation
CONSTRUCTION Possible disputer					measured above land surface on (mm/dd/yy):				within 100 feet.				
Borehole interval: Borehole diameter: fromtoftin.										PERMIT & ID NUMBERS (AS REQUIRED)			
				in.		ited yield:				DIVID 1	1		
fromto ftin.					Water level was: ft. afterhours					DWR Application No.:			
Casing height above land surface:in.					pumpinggpm				gpm	KDHE / EPA Project Code:			
If casing height is less than 12 in.					Pump	installed?	Yes	No		Site Name:			
has a variance been approved?* Yes No					Water well disinfected? Yes No					KDHE UIC Class V Form Completed: Yes No			
*variance not required for monitoring or environmental remediation wells					Date disinfected (mm/dd/yy):					County Permit: Yes No Permit ID:  Lease Name & Well #:			
Casing type:					2 are distincted (mm, day)))								
Blank cas	ing in	erval:	ft. to	ft.	Aquife	r, if know	n:			# of boreh	ioles:	# of dewater	ing wells:
Blank cas	ing di	meter:	in.		LITHOL	OGIC LO	G		-				
Casing joints:					FROM	1 то	LI	THOLOGY INTE	RVALS				
Weigl	ht:	lbs/	ft.										
Wall	thickn	ess or gauge n	10.:										
Blank cas	ing in	erval:	ft. to	ft.									
Blank cas	ing di	meter:	in.										
Casin	g join	s:											
Weight:lbs/ft.													
Wall	thickn	ess or gauge n	10.:										
Grout int	erval:	ft. to	ft.										
		-ial:											
		ft. to											
Grout material:					COMMENTS								
Screen / p	erfora	tion material:											
Screen / I	perfora	tion opening	s:		CONTR	ACTOR'S	OR LA	NDOWNERS CE	RTIFICATION				
Screen / p	erfora	tion intervals:			This v	vater wel	l was	constructed	reconstru	cted p	oursuant to 1	the stated w	ater well
From _		ft. to	ft.		contractor's license and was completed on I certify that this record is true to								
Slot	size_	unit _			the best of my knowledge and belief. This water well record was completed on								
From_		ft. to	ft.										
Slot	size _	unit _			under the business name of,  Kansas Water Well Contractor's License No under the authority of the designated								
Gravel pa	ick int	ervals:											
Grave	el 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.					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.								
Grave	el pack	not used:	Gravel size _	in	Send on	e copy to	WATEF						constructed well.
From		_ ft. to	_ ft.			Bureau	ı of Wa	KANSAS DEPAI ter, Geology Sect					-1367

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
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