KOLAR DOC ID \_\_\_\_\_ WELL ID\_

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

From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

LOCATION OF WATER	R WELL					(	Origina	l Recor	d Co	rrection	Chang	e in We	ll Use
Latitude	Longitude			Section	Te	ownship		Range	E W	Fraction	1/4	1/4	1/4
Datum	Elevation			County				-	**				
WATER WELL OWNER			WELL WATER USE						NEAREST SOURCE OF POTENTIAL CONTAMINATION				
Name									Source:				
Business			COMP	LETION					Distance		Direction		
Business									from well:		from wel	ll:	
Address			Depth of completed well:ft.  Depth(s) groundwater encountered:					ft.	Source descriptio	n.			
			1 -	-					1				
Well location			(1)ft.; (2)ft.; (3)ft.; (4) dry well										
									Distance from well:	:	Direction from wel	n ll:	
at owner's						ft.			Source				
address			1	asured bel (mm/dd/y	low land sı vv):	urface			descriptio	n:			
CONSTRUCTION			me	easured ab	ove land su	ırface				ential sourc	e of contami	nation	
Borehole interval:	Borehole d	ameter:	on	(mm/dd/y	уу):						C /A C DEC!!!	IDED)	
fromto	ft	in.	Estim	ated yield:		gpm			PERMII &	ID NOMBER	S (AS REQUI	IKED)	
fromto	in.	Water level was: ft. after hours					ırs	DWR Application No.:					
Casing height above la		pumping gpm					n	KDHE / EPA Project Code:					
If casing height is		Pump installed? Yes No						Site Name:					
has a variance bee	es No	747						KDHE UIC Class V Form Completed: Yes No					
*variance not required for monitoring or environmental remediation wells			Water well disinfected? Yes No  Date disinfected (mm/dd/yy):						County Permit: Yes No Permit ID:  Lease Name & Well #:				
Casing type:	Temperation went		Date	IIsimiectea	(mm/aa/)	уу):							
Blank casing interval:	ft. to	ft.	Aquif	er, if know	n:				# of boreh	oles:	# of dewater	ring wells:	
Blank casing diameter	r:in.		LITHO	OGIC LO	G								
Casing joints:			FRO	и то	LITH	OLOGY IN	ITERVAI	_S					
Weight:	lbs/ft.												
	gauge no.:												
Blank casing interval:		ft.											
Blank casing diameter													
Casing joints:													
Weight:													
Wall thickness or	gauge no.:												
Grout interval:	_ ft. toft.												
Grout material:													
Grout interval:			СОММ	FNTS									
Grout material:													
Screen / perforation m			CONT	1.6700/6		01441506	CERTIFI	CATION					
Screen / perforation o						OWNERS					.1 1	. 11	
Screen / perforation in From ft. to						nstructed		constru	•		the stated w		
	π. _ unit					was comp	-			-	at this recor		
From ft. to				-		_				_	eted on		
	rt. _ unit												,
Gravel pack intervals:			Kans	as Water	Well Con	tractor's I	License l	No	uı	nder the au	thority of th	e designa	ated
Gravel pack not us		in	perso	n as defir	ned in K.	A.R. 28-30	0-2(j) ar	nd signe	d and certif	ied by the e	electronic sig	gnature o	f the
From ft. to			desig	nated per	rson at its	submitta	l:						
Gravel pack not us		in	Send or	ne copy to	WATER W	ELL OWN	VER and 1	retain on	e for your rec	ords. Fee of \$	5.00 for each	constructe	ed well.

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