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

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

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

OCATION OF WATER WEL	L					Original R	ecor	rd Co	rrection	Chang	e in Wel	ll Use
Latitude	Longitude		Section	on	Township	Ra	nge	E W	Fraction	1/4	1/4	1/4
Datum	Elevation		Cour	ntv	_			VV				
WATER WELL OWNER		<b>v</b>	/ELL WATE	1				NEAREST S	SOURCE OF	POTENTIAL C	ONTAMIN	IATIO
Name												
Business			OMPLETIC	NI.								
Dusiness								from well		Direction from we	ll:	
Address			Depth of completed well:ft.  Depth(s) groundwater encountered:				•	Source descriptio	n:			
					) ft.;			_				
Well location					dry well			Distance		Direction	_	
			Static water	· level in	well: fi	<u> </u>		from well:	:	from we	ll:	
at owner's address			measured below land surface on (mm/dd/yy):					Source descriptio	n:			
CONSTRUCTION					: e land surface		-			ce of contami	nation	
Borehole interval:	Borehole dia	meter:	on (mm				_	within	100 feet.			
fromto ft.		in.	Estimated v	vield:	gpm			PERMIT &	ID NUMBE	RS (AS REQU	IRED)	
fromto ft.					ft. after	hours		DWR App	plication No	).:		
			vater rever							Code:		
Casing height above land surface:in.  If casing height is less than 12 in.			Pump insta		Yes No	8r						
has a variance been appr		s No			160 110		_			Form Complet		N
*variance not required for monitoring			Water well	disinfec	ted? Yes No	)		County P	ermit: Ye	s No Perm	it ID:	
or environmental remed	diation wells		Date disinf	ected (n	nm/dd/yy):		_	Lease Nar	ne & Well #	:		
Casing type:	6.4		Aquifer, if l	znown:						# of dewater		
Blank casing diameters		"   L										
Blank casing diameter: Casing joints:			FROM		LITUOLOGY	NTERVALE						
Weight: lbs			FROM	то	LITHOLOGY	NIEKVALS						
Wall thickness or gauge												
Blank casing interval:												
Blank casing diameter:												
Casing joints:												
Weight: lbs												
Wall thickness or gauge												
Grout interval: ft. to												
Grout interval: ft. to												
Grout material:		C	OMMENT:	5								
Screen / perforation material	:											
Screen / perforation opening			ONTRACT	OR'S O	R LANDOWNERS	CERTIFICA	TION					
Screen / perforation intervals			This water	r well w	as constructed	d reco	nstru	cted p	oursuant to	the stated w	ater well	
Fromft. to					ise and was com					nat this recor		
Slot size unit _					nowledge and be	=			•			
From ft. to				-	_				=			
Slot size unit _					ess name of							
Gravel pack intervals:					ell Contractor's					•	_	
Gravel pack not used:	Gravel size	in	person as	defined	d in K.A.R. 28-3	0-2(j) and s	signe	d and certif	ied by the	electronic si	gnature o	f the
	ft.		designate	d perso	n at its submitta	al:			·			
Gravel pack not used:	— Gravel size	in Se	end one cop	y to W	ATER WELL OW	NER and reta	in one	e for your rec	ords. Fee of	\$5.00 for each	constructe	ed we

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Bureau of Water Coology Section 1000 SW Jackson St. Suita 420 Tapaka VS 66612 1267