\_ 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)

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

LOCATION OF WATER WEI	LL				Original Reco	rd Correction	Change	in Wel	II Use
Latitude	Longitude		Section	Township	Range	E W Fraction	1/4	1/4	1/4
Datum	Elevation		County			VV			
WATER WELL OWNER		WE	LL WATER US	 SE		NEAREST SOURCE OF PO	OTENTIAL CO	NTAMIN	NATION
Name						Source:			
Business		COI	MPLETION			Distance	Direction		
Address			Depth of completed well:ft.			from well:	from well:		
			Depth(s) groundwater encountered:			Source description:			
			(1) ft.; (2) ft.;			Source:			
Well location				(4) dry well		·			
			Static water level in well: ft.			from well:	from well:		
at owner's address			measured below land surface			Source description:			
CONSTRUCTION			on (mm/dd/			No potential source	of contamina	ation	
Borehole interval: Borehole diameter:		meter:	measured above land surface on (mm/dd/yy):			within 100 feet.			
from to ft.		in. Es	timated vield:	gpm		PERMIT & ID NUMBERS	(AS REQUIR	ED)	
fromto ft.		_     20	•	: ft. after	hours	DWR Application No.:_			
Casing height above land surface: in.			pumping 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						KDHE UIC Class V Form Completed: Yes No			
*variance not required for monitoring or environmental remediation wells			Water well disinfected? Yes No			County Permit: Yes No Permit ID:			
Casing type:			Date disinfected (mm/dd/yy):			Lease Name & Well #: # of dewatering wells:			
Blank casing interval:	ft. to	ft. Ac	uifer, if know	n:		# of boreholes:	# of dewatering	ng wells:	
Blank casing diameter:	in.	LITI	HOLOGIC LO	G					
Casing joints:		FI	ком то	LITHOLOGY I	NTERVALS				
Weight:lb	os/ft.								
Wall thickness or gauge									
Blank casing interval:		ft.							
Blank casing diameter:									
Casing joints:									
Weight:lb									
Wall thickness or gauge									
Grout interval: ft. t									
Grout material:									
Grout material		COI	MMENTS						
Grout material:									
Screen / perforation materia	ıl:								
Screen / perforation openin		COI	NTRACTOR'S	OR LANDOWNERS	CERTIFICATION	 I			
Screen / perforation interval			is water wel	ll was constructed	d reconstru	acted pursuant to the	he stated wa	ter well	
Fromft. to	_ft.					. I certify that			
Slot size unit					-	well record was complete			
From ft. to	_ft.		-	_		wen record was compress			_
Slot size unit									, ated
Gravel pack intervals:			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						
Gravel pack not used:		in   -		rson at its submitta		a and certified by the cit	cettonie sign	iaiaic 0	1 111
From ft. to						e for your records. Fee of \$5	00 for each co	nstructe	ed well
Gravel pack not used:	Gravel size _	in   Self	a one copy to			IEALTH AND ENVIRONME		,110t1 UCK	ca well.