_ WELL ID_

KOLAR DOC ID _

WATER WELL RECORD (WWC-5)

From _____ ft. to _____ ft.

OCATION OF WATER \	WELL				(Original Recor	rd Coi	rrection	Chang	e in Wel	l Use
Latitude	Longitude		5	Section	Township	Range	E W	Fraction	1/4	1/4	1/4
Datum	Elevation			County	1	8	VV				
ATER WELL OWNER			WELL WATER USE				NEAREST SOURCE OF POTENTIAL CONTAMINATIO				
			VVLLLV	IAI EN OSI	-						AIION
Name							Distance		Direction		
Business				COMPLETION				from well: from well:			
Address			Depth	of complet	ted well:	ft.	Source				
			-	Depth(s) groundwater encountered:			descriptio				
					(2) ft.;		Source:				
Well location			(3) ft.; (4) dry well			Distance Direction from well: from well:					
at owner's			Static water level in well: ft.				Source				
address					ow land surface	descriptio	n:				
CONSTRUCTION				(mm/dd/y			No pot	ential source	e of contami	nation	
Borehole interval: Borehole diameter:			measured above land surface on (mm/dd/yy):				within 100 feet.				
							PERMIT & ID NUMBERS (AS REQUIRED)				
fromto ft in.			Estimated yield:gpm				DWD Application No.				
fromtoftin.			Water level was:ft. afterhours				DWR Application No.: KDHE / EPA Project Code:				
Casing height above land surface:in.			pumpinggpm				Site Name:				
If casing height is less than 12 in. has a variance been approved?* Yes No			Pump installed? Yes No				KDHE UIC Class V Form Completed: Yes No				No
*variance not required for monitoring			Water well disinfected? Yes No				County Permit: Yes No Permit ID:				
or environmental remediation wells			Date disinfected (mm/dd/yy):				Lease Name & Well #:				
Casing type:			4	.61					# of dewater		
Blank casing interval:		ft.		r, if known					" or de water		
Blank casing diameter:				OGIC LOG							
Casing joints:			FROM	1 то	LITHOLOGY IN	TERVALS					
Weight:											
Wall thickness or ga	-										
Blank casing interval:		ft.									
Blank casing diameter:											
Casing joints: Weight:											
Wall thickness or ga											
Grout interval:											
Grout material:											
Grout interval:			сомм	FNTS							
Grout material:											
Screen / perforation mat											
Screen / perforation ope					OR LANDOWNERS						
Screen / perforation inte			This v	vater well	was constructed	reconstru	icted p	oursuant to	the stated w	ater well	
Fromft. to			contra	actor's lice	ense and was comp	oleted on	<u> </u>	I certify tha	t this recor	d is true t	O
Slot size u			the be	est of my l	knowledge and bel	ief. This water v	well record v	was comple	ted on		
From ft. to			under	the busir	ness name of						,
Slot sizeu	ınit		Kansa	ıs Water V	Vell Contractor's L	icense No.	ur	nder the aut	hority of th	e designa	ited
Gravel pack intervals:					ed in K.A.R. 28-30				•	_	
Gravel pack not used		in	-		son at its submittal	-	a una centili	ion by the C		,	
From ft. to _							<i>c</i>	1 5 6:	5 00 f		1 "
Gravel pack not used	l: Gravel size _	in	Send on	e copy to V	VATER WELL OWN	EK and retain one	e for your reco	ords. Fee of \$	5.00 for each	constructe	d well.

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367
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