KOLAR DOC ID _____ WELL ID_

WATER WELL RECORD (WWC-5)

LOCATION OF WATER W	VELL .				Original Reco	rd Correction	Change in We	ell Use
Latitude	Longitude		Section	Township	Range	E W Fraction	1/4 1/4	1/4
Datum	Elevation		County					
ATER WELL OWNER		WEL	WELL WATER USE			NEAREST SOURCE OF POTENTIAL CONTAMINATION		
Name						Source:		
Business		CON	IPLETION			Distance from well:	Direction from well:	
Address		Det	Depth of completed well: ft.			Source description:		
			Depth(s) groundwater encountered:					
		(1)	ft.;	(2) ft.;		Source:		
Well location		(3)	ft.;	(4) dry well		Distance	Dinastian	
.4		Sta	Static water level in well: ft.			from well: from well:		
at owner's address			measured below land surface on (mm/dd/yy):			Source description:		
CONSTRUCTION				oove land surface		No potential source within 100 feet.	of contamination	
Borehole interval: Borehole diameter:		meter:	on (mm/dd/yy):			PERMIT & ID NUMBERS (AS REQUIRED)		
fromto ft in.		in.	Estimated yield: gpm			FERWIT & ID NOWIDERS (AS REQUIRED)		
fromto ft in.			Water level was: ft. afterhours			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 *variance not required for monitoring			Water well disinfected? Yes No			KDHE UIC Class V Form Completed: Yes No County Permit: Yes No Permit ID:		
or environmental remediation wells			Date disinfected (mm/dd/yy):			Lease Name & Well #:		
Casing type:			-:C:C1			# of boreholes:		
Blank casing interval:		_***	uifer, if know					
Blank casing diameter: Casing joints:		-	OLOGIC LO		AITEDVALC			
Weight:		FK	OM TO	LITHOLOGY	NIEKVALS			
Wall thickness or gau	_							
Blank casing interval:	•							
Blank casing diameter:								
Casing joints:								
Weight:	_lbs/ft.							
Wall thickness or gau	ige no.:							
Grout interval:f	ft. toft.							
Grout material:								
Grout interval:ft. toft.			MENTS					
Grout material:								
Screen / perforation mate	erial:							
Screen / perforation ope		CON	ITRACTOR'S	OR LANDOWNER	S CERTIFICATION	I		
Screen / perforation inter			is water we	ll was constructe	d reconstru	ucted pursuant to t	he stated water we	ell
Fromft. to	ft.					I certify that		
Slot size u	nit				_	well record was complet		
From ft. to			-	_		<u>r</u>		
Slot size u	nit					under the auth		
Gravel pack intervals:		l no				ed and certified by the ele		
Gravel pack not used		in 1			,	·	8	
From ft. to _ Gravel pack not used						e for your records. Fee of \$5	.00 for each construc	ted well.
Fromft. to _		111		KANSAS D u of Water, Geology	EPARTMENT OF I Section, 1000 SW	HEALTH AND ENVIRONMI Jackson St., Suite 420, Tope J.A. 82a-1212 v2022c	ENT	