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

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

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

OCATION OF WATER V	VELL		Original Reco			d Correction Change in			e in Wel	Well Use	
Latitude	Longitude		Se	ection	Township	Range	E W	Fraction	1/4	1/4	1/4
Datum	Elevation		Co	ounty	-		**				
WATER WELL OWNER				ATER USE			NEAREST S	OURCE OF I	POTENTIAL C	ONTAMIN	ATION
Name											
Business			COMPLE	TION			Dictance		Direction	2	
Dustriess			COMPLETION				from well: from well:				
Address				Depth of completed well:ft.			Source				
			Depth(s) groundwater encountered:			description:					
Well location				(1)ft.; (2)ft.;			Source:				
Well location			(3) ft.; (4) dry well			Distance Direction from well:					
at owner's			Static water level in well: ft.				Source				
address			measured below land surface on (mm/dd/yy):				description:				
CONSTRUCTION					e land surface		No pot	ential sourc	e of contami	nation	
Borehole interval: Borehole diameter:			on (mm/dd/yy):				within 100 feet.				
fromtoftin.		in.	Estimated yield: gpm				PERMIT & ID NUMBERS (AS REQUIRED)				
fromtoftin.			Water level was:ft. afterhours				DWR Application No.:				
·			pumping gpm				KDHE / EPA Project Code:				
Casing height above land surface:in.  If casing height is less than 12 in.			Pump installed? Yes No				Site Name:				
has a variance been		s No	1		100 -11		KDHE UI	C Class V F	orm Complet	ed: Yes	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:	G. 4		Aquifer	if known:			1		# of dewater		
Blank casing diameters		п.									
Blank casing diameter:  Casing joints:			FROM	TO	LITHOLOGY INT	TEDWALC					
Weight:			FROM	10	LITHOLOGY INT	EKVALS					
Wall thickness or ga											
Blank casing interval:											
Blank casing diameter:											
Casing joints:											
Weight:											
Wall thickness or ga	_										
Grout interval:											
Grout interval:											
Grout material:			COMME	NTS							
Grout material.											
Screen / perforation mate	erial·										
Screen / perforation ope			CONTRA	CTOR'S O	R LANDOWNERS O	ERTIFICATION					
Screen / perforation inter					was constructed	reconstru		nirgiant to	the stated w	ater well	
Fromft. to					nse and was compl		•				
Slot size u					_			-			.0
From ft. to				-	nowledge and beli			=			_
Slot size u					ess name of						
Gravel pack intervals:					ell Contractor's Li				-	_	
Gravel pack not used	: Gravel size	in	person	as define	d in K.A.R. 28-30-	-2(j) and signe	d and certif	ied by the e	lectronic sig	gnature o	f the
From ft. to _			designa	ated perso	on at its submittal:			·			
Gravel pack not used		.	Send one	copy to W	ATER WELL OWN	ER and retain one	e for your rec	ords. Fee of \$	5.00 for each	constructe	d well

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

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