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

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

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

LOCATION OF WATER W	/ELL					Origina	al Reco	rd Co	rrection	Chang	e in We	ll Use
Latitude	Longitude			Section	Township		Range	E W	Fraction	1/4	1/4	1/4
Datum	Elevation			County				***				
WATER WELL OWNER	ATER WELL OWNER			WELL WATER USE					OURCE OF F	OTENTIAL C	ONTAMIN	NATION
Name								Source:				
Business			COMP	LETION				Distance	:	Direction		
Dustriess					. 1 11			from well:	:	_ from we	ll:	
Address			-	Depth of completed well:ft.  Depth(s) groundwater encountered:				Source descriptio	n:			
			(1)	(1) ft.; (2) ft.;				Source:				
Well location			(3)	(3) ft.; (4) dry well				Distance Direction from well:				
at assum an'a			Static	water level	in well:	ft.				_ from we	li:	
at owner's address			measured below land surface on (mm/dd/yy):					Source descriptio	n:			
CONSTRUCTION			m	easured abo	ove land surface				tential sourc	e of contami	nation	
Borehole interval: Borehole diameter:			on (mm/dd/yy):					PERMIT & ID NUMBERS (AS REQUIRED)				
fromtoft.			Estim	ated yield:	gpm					- (-10-11-40-		
fromto ft in.			Water level was: ft. afterhours				urs	DWR Application No.:				
Casing height above land	in.		pumping gpm					EPA Project C				
If casing height is less than 12 in.			Pump	Pump installed? Yes No				Site Name:				
has a variance been approved?* Yes No			Water well disinfected? Yes No					KDHE UIC Class V Form Completed: Yes No				
*variance not required for monitoring or environmental remediation wells			Date disinfected (mm/dd/yy):					County Permit: Yes No Permit ID:  Lease Name & Well #:				
Casing type:			Date	nsmiceted	(IIIII/dd/yy)							
Blank casing interval:	ft. to	ft.	Aquif	er, if knowı	n:			# of boreh	ioles:	# of dewater	ring wells:	
Blank casing diameter:	in.		LITHO	LOGIC LOC	3							
Casing joints:			FRO	и то	LITHOLOGY	INTERVA	LS					
Weight:	_lbs/ft.											
Wall thickness or gau	-											
Blank casing interval:	ft. to	ft.										
Blank casing diameter:	in.											
Casing joints:												
Weight:	_											
Wall thickness or gau	ige no.:											
Grout interval:f	t. toft.											
Grout material:												
Grout interval: f	t. toft.		50111									
Grout material:			COMM	ENIS								
Screen / perforation mate												
Screen / perforation oper			CONT	RACTOR'S	OR LANDOWNE	RS CERTIF	ICATION					
Screen / perforation inter			This	water well	was construct	ed r	econstru	icted p	oursuant to	the stated w	ater well	
Fromft. to			conti	actor's lic	ense and was co	mpleted o	on		I certify tha	at this recor	d is true	to
Slot size u			the b	est of my	knowledge and l	oelief. Thi	s water	well record	was comple	ted on		
From ft. to			unde	r the busi	ness name of							,
Slot size u		Kans	Kansas Water Well Contractor's License No under the authority of the designated									
Gravel pack intervals:					ed in K.A.R. 28					-	_	
Gravel pack not used:		in	-		son at its submit	-			,		,	
From ft. to _					WATER WELL OV		retain on	e for vour roc	orde Ess of ¢	5.00 for each	construct	ed well

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367

(785) 296-3565 | K.S.A. 82a-1212 | v2022c