WATER WELL RECORD (WWC-5)

Gravel pack not used: Gravel size _____in

From _____ ft. to _____ ft.

OCATION OF WATE	Longitude		San	ction	Township	Range	Е	Fraction	1/4	1/4	1/4	
	Elevation				Township	Range	W	Fraction	/4	/4		
Datum ATER WELL OWNER			County WELL WATER USE				NEAREST SOURCE OF POTENTIAL CONTAMINATIO					
Name	1		WELL WA	ILK OJL				OURCE OF P		.ON IAMIN	AIIO	
			COMPLET	TION.			Distance		Directio	n		
Business			COMPLET				from well:		from we	ll:		
Address			Depth of completed well:ft. Depth(s) groundwater encountered:				Source description					
			1 -	-			_					
Well location			(1) ft.; (2) ft.; (3) ft.; (4) dry well				Source: Distance Direction from well: from well:					
							from well:		from we	ll:		
at owner's address			Static water level in well: ft. measured below land surface				Source description:					
address				m/dd/yy								
ONSTRUCTION Borehole interval: Borehole diameter:			measured above land surface on (mm/dd/yy):				No potential source of contamination within 100 feet.					
omtoftin.			Estimated yield: gpm				PERMIT & ID NUMBERS (AS REQUIRED)					
	to ft in.			Water level was: 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 be		No					KDHE UI	C Class V Fo	rm Complet	ed: Yes	No	
*variance not required for monitoring or environmental remediation wells			Water well disinfected? Yes No Date disinfected (mm/dd/yy):				County Permit: Yes No Permit ID: Lease Name & Well #:					
Casing type:			Date distinected (min/dd/yy):				1					
Blank casing interval:	:ft. to	ft.	Aquifer,	if known:			# of boreho	oles:	# of dewate	ring wells: _		
Blank casing diamete	r:in.		LITHOLO	GIC LOG								
			FROM	то	LITHOLOGY INTE	RVALS						
	lbs/ft.											
	gauge no.:											
Blank casing interval: Blank casing diamete	:ft. to	π.										
Casing joints:												
Weight:												
	gauge no.:											
Grout interval:	ft to ft											
Grout interval:												
Grout material:			COMMEN	ITS								
Screen / perforation n	naterial:											
Screen / perforation o			CONTRAC	CTOR'S O	R LANDOWNERS CE	RTIFICATION						
Screen / perforation in			This wa	ter well v	was constructed	reconstru	cted p	ursuant to	the stated w	vater well		
Fromft. to			contract	tor's lice	nse and was complet	ed on	1	I certify tha	t this recor	d is true t	0	
	_ unit		the best	of my k	nowledge and belief	This water v	vell record v	vas complet	ed on		_	
From ft. to			under tl	ne busin	ess name of						_,	
	_ unit		Kansas	Water W	ell Contractor's Lice	nse No	un	der the aut	hority of th	e designa	ted	
Gravel pack intervals: Gravel pack not us		i	person a	as define	d in K.A.R. 28-30-2	(j) and signe	d and certifi	ed by the el	ectronic si	gnature of	the	
From ft. to			designa	ted perso	on at its submittal:							

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

Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.