KOLAR DOC ID _____ WELL ID_

WATER WELL RECORD (WWC-5)

From _____ ft. to _____ ft.

OCATION OF WATER WELL			Original Record Correction Change in N						e in Wel	Vell Use
Latitude	Longitude			Section	Township	Range	E W Fraction	1/4	1/4	1/4
Datum	Elevation			County						
WATER WELL OWNER				WELL WATER USE			NEAREST SOURCE OF POTENTIAL CONTAMINATION			
Name							Source:			
			COMP	LETION			Distance	Direction		
Business				LETION			from well:	from well	:	
Address			Depth of completed well:ft. Depth(s) groundwater encountered:				Source description:			
				(1) ft.; (2) ft.;			Source:			
Well location			(3) ft.; (4) dry well				Source:			
			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			m	easured abo	ve land surface		No potential source within 100 feet.	ce of contamir	nation	
Borehole interval: Borehole diameter:			on (mm/dd/yy):			PERMIT & ID NUMBERS (AS REQUIRED)				
fromto ft in.			Estimated yield: gpm				FERMIT & ID NOMBERS (AS REQUIRED)			
fromto ft in.			Water level was: ft. afterhours				DWR Application No.:			
Casing height above land surface: in.			pumpinggpm				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						KDHE UIC Class V Form Completed: Yes N			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:Blank casing interval:	ft to	ft	Aquif	er, if known	:		# of boreholes:	# of dewater	ing wells:	
Blank casing diameter:				LOGIC LOG						
Casing joints:			FRO		LITHOLOGY	NTERVALS				
Weight: lbs/			110	10	Limozodii	MILITALS				
Wall thickness or gauge n										
Blank casing interval:		I								
Blank casing diameter:										
Casing joints:										
Weight:lbs/										
Wall thickness or gauge n										
Grout interval: ft. to										
Grout material:										
Grout interval: ft. to			COMM	IFNTS						
Grout material:				ILIVI 3						
Screen / perforation material:										
Screen / perforation opening	s:		CONT	RACTOR'S	OR LANDOWNER	S CERTIFICATION	<u> </u>			
Screen / perforation intervals:			This	water well	was constructe	d reconstru	icted pursuant to	the stated wa	ater well	
Fromft. to			conti	ractor's lice	ense and was con	npleted on	I certify th	at this record	l is true t	ю
Slot size unit _			the b	est of my l	knowledge and b	elief. This water	well record was comple	eted on		
From ft. to	ft.			-	_		1			_
Slot size unit _							under the au			, ited
Gravel pack intervals:								· ·	_	
Gravel pack not used:	Gravel size _	in	-			-	ed and certified by the	eiectronic sig	nature o	tne
From ft. to	_ ft.				son at its submitt		·			
Gravel pack not used:	Gravel size	in	Send o	ne copy to V	VATER WELL OW	NER and retain on	e for your records. Fee of	\$5.00 for each o	constructe	d wel

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

