KOLAR DOC ID _____ WELL ID_

WATER WELL RECORD (WWC-5)

From _____ ft. to _____ ft.

LOCATION OF WATER WELL							Original Reco	rd Correction	Change	e in We	II Use
Latitude	Longitude			Section		Township	Range	E Fraction	1/4	1/4	1/4
Datum	Elevation			County							
WATER WELL OWNER			WELL	WATER US	SE			NEAREST SOURCE OF PO	TENTIAL CC	ONTAMIN	NATION
Name								Source:			
			COMP	FTION							
Business				LETION				Distance from well:	from well		
Address			Depth of completed well:ft. Depth(s) groundwater encountered:				Source				
			1 -	-				description:			
Well location			(1) ft.; (2) ft.;					Source:			
vven location				(3) ft.; (4) dry well			Distance from well:	Direction from well			
at owner's address			Static water level in well: ft.					Source			
			measured below land surface on (mm/dd/yy):					description:			
CONSTRUCTION				(mm/dd/ easured ab				No potential source	of contamin	ation	
Borehole interval: Borehole diameter:		meter:	on (mm/dd/yy):					within 100 feet.			
fromto ftin.			Estimated yield: gpm					PERMIT & ID NUMBERS	(AS REQUIF	RED)	
fromtoftin.			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 tha		Pump installed? Yes No				Site Name:					
has a variance been approved?* Yes No								KDHE UIC Class V Form Completed: Yes No			
*variance not required for monitoring			Water well disinfected? Yes No				County Permit: Yes No Permit ID:				
or environmental remediation wells Casing type:			Date disinfected (mm/dd/yy):					Lease Name & Well #: _			
Blank casing interval:	ft. to	ft.	Aquife	er, if know	vn:			# of boreholes:	# of dewateri	ing wells:	
Blank casing diameter:		_ "	LITHOI	OGIC LO)G						
Casing joints:			FROM			THOLOGY II	NTERVALS				
Weight: lbs/											
Wall thickness or gauge n											
Blank casing interval:											
Blank casing diameter:	in.										
Casing joints:											
Weight:lbs/	ft.										
Wall thickness or gauge n	o.:	_									
Grout interval: ft. to	ft										
Grout material:											
Grout interval: ft. to											
Grout material:		COMMENTS									
Grout muterius.											
Screen / perforation material:											
Screen / perforation openings			CONTE	RACTOR'S	S OR LAI	NDOWNERS	CERTIFICATION	ı			
Screen / perforation intervals:						constructed			ne stated w:	ater well	
From ft. to								•			
Slot size unit _							pleted on	•			
From ft. to				-		_		well record was complete			
Slot size unit _											
Gravel pack intervals:			Kans	as Water	Well Co	ontractor's l	License No	under the auth	ority of the	design	ated
	Gravel size _	in	perso	n as defi	ined in I	K.A.R. 28-3	0-2(j) and signe	ed and certified by the ele	ctronic sign	nature o	of the
From ft. to	ft.		desig	nated pe	erson at	its submitta	ıl:	·			
	Gravel size	in	Send or	ne copy to	WATER	WELL OWN	NER and retain or	ne for your records. Fee of \$5.	00 for each c	onstructe	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