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

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

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

OCATION OF WATE	ER WELL	<u>.</u>					Origina	l Recor	rd Co	rrection	Chang	e in Wel	ll Use
Latitude		Longitude			Section	Township		Range	E	Fraction	1/4	1/4	1/4
Datum		Elevation			County				VV				
WATER WELL OWNER				WELL WATER USE					NEAREST SOURCE OF POTENTIAL CONTAMINATIO				
Name											0121111112		.,
Business				COMP	ETION				Distance		Direction	n	
Dusiness			COMPLETION					from well: from well:					
Address				Depth of completed well:ft.				ft.	Source				
				Depth(s) groundwater encountered:					descriptio				
Well location				(1) ft.; (2) ft.;					Source:				
wen location				(3) ft.; (4) dry well					Distance from well	:	Direction from we	n ll:	
at owner's				Static water level in well: ft.					Source				
address				measured below land surface on (mm/dd/yy):					description	on:			
ONSTRUCTION					•	y). ove land surface			1		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. after hours					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 approved?* Yes No				1					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 environment	al remed	iation wells		Date o	disinfected	(mm/dd/yy):			Lease Nai	me & Well #:			
Casing type: Blank casing interva	1.	ft to		Aguif	er, if knowr	1:			# of boreh	oles:	# of dewater	ring wells:	
Blank casing diameter			11.		LOGIC LOG								
Casing joints:				FROI		LITHOLOGY	INTEDVAI	<b>C</b>					
	lbs/			1101	vi 10	Emiologi	IIVIENVAL						
Wall thickness or													
Blank casing interva													
Blank casing diameter													
Casing joints:													
	lbs/												
Wall thickness or	r gauge n	10.:											
Grout interval:	ft to	ft											
Grout material:_													
Grout interval:													
Grout material:				COMM	IENTS								
Screen / perforation	material:												
Screen / perforation	opening	s:		CONT	RACTOR'S	OR LANDOWNE	RS CERTIFI	CATION					
Screen / perforation				This	water well	was construct	ed re	econstru	icted 1	oursuant to	the stated w	ater well	
Fromft. to		ft.		contr	actor's lice	ense and was co	mpleted o	n	-				
Slot size	unit					knowledge and l	_			-			
From ft. to		ft.			-	ness name of				=			
Slot size	unit _												
Gravel pack interval	s:					Well Contractor					-	_	
Gravel pack not t	used:	Gravel size _	in	-		ed in K.A.R. 28-	-	nd signe	d and certif	ned by the e	lectronic si	gnature o	t the
From ft.	to	_ ft.				son at its submit				·			
Gravel pack not u	used:	Gravel size _	in	Send or	ne copy to V	VATER WELL OV	VNER and 1	retain one	e for your rec	ords. Fee of \$	5.00 for each	constructe	ed 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