KOLAR DOC ID _____ WELL ID_

WATER WELL RECORD (WWC-5)

From _____ ft. to _____ ft.

OCATION OF WATER V	WELL					Origina	ıl Recor	d Co	rrection	Chang	je in We	II Use
Latitude	Longitude		5	Section	Township	,	Range	E	Fraction	1/4	1/4	1/4
Datum	Elevation		(County				**				
VATER WELL OWNER		WELL WATER USE					NEAREST SOURCE OF POTENTIAL CONTAMINATION					
Name												
Business			COMPL	ETION				Dictance		Directio	n	
Dusiness								from well:		from we	ell:	
Address			Depth of completed well:ft. Depth(s) groundwater encountered:					Source descriptio	n.			
			1			a:		•				
Well location			(1) ft.; (2) ft.; (3) ft.; (4) dry well					Source:				
								Distance Direction from well:				
at owner's			Static water level in well: ft.					Source				
address			measured below land surface on (mm/dd/yy):					descriptio	n: 			
ONSTRUCTION				•	ove land surface					ce of contami	ination	
Borehole interval:	Borehole dia	meter:	on	(mm/dd/y	y):				100 feet.			
fromto ft		in.	Estima	ited yield:	gpm			PERMIT &	NUMBE	RS (AS REQU	IKED)	
fromto ft		in.			ft. after	hou	ırs	DWR App	plication No	.:		
Casing height above lan	·				pumping_	gpı	m	KDHE / E	EPA Project	Code:		
If casing height is less than 12 in.			Pump installed? Yes No					Site Name:				
has a variance been		s No								orm Complet		
*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:				
Casing type:	emediation wens		Date d	isinfected	(mm/dd/yy):					:		
Blank casing interval:	ft. to	ft.	Aquife	er, if knowr	ı:			# of boreh	oles:	# of dewate	ring wells:	
Blank casing diameter:			LITHOL	OGIC LOG	i							
Casing joints:			FROM	и то	LITHOLOGY	INTERVA	LS					
Weight:	_lbs/ft.											
Wall thickness or ga	uge no.:											
Blank casing interval:		ft.										
Blank casing diameter:	in.											
Casing joints:												
·	_lbs/ft.											
Wall thickness or ga	uge no.:											
Grout interval:	ft. toft.											
Grout material:												
Grout interval:	ft. toft.		COMM	ENTC								
Grout material:			COMINI	ENIS								
Screen / perforation mat												
Screen / perforation ope					OR LANDOWNE							
Screen / perforation inte					was construc		econstru	-		the stated v		
Fromft. to					ense and was co	=			-			
Slot size u				-	knowledge and				_			
From ft. to			under	the busin	ness name of							,
Slot size u	t		Kansa	ıs Water V	Well Contractor	's License l	No	uı	nder the au	thority of th	ne design	ated
Gravel pack intervals: Gravel pack not used	de Graval sins		perso	n as defin	ed in K.A.R. 28	-30-2(j) ar	nd signe	d and certif	ied by the	electronic si	gnature o	of the
From ft. to		in	design	nated pers	son at its submi	ttal:						
Gravel pack not used		in	Send on	e copy to V	WATER WELL O	WNER and	retain one	e for your rec	ords. Fee of	\$5.00 for each	construct	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