WELL ID

KOLAR DOC ID

WATER WELL RECORD (WWC-5)

OCATION OF WATER WELL	L		Original Reco				cord	ord Correction Change in We			e in Wel	ll Use
Latitude	Longitude		S	ection	Township	Rang	ge	E W	Fraction	1/4	1/4	1/4
Datum	Elevation			County	r		5-	W				
VATER WELL OWNER	Lievation			ATER USE	 :			NEADEST S	OURCE OF	POTENTIAL C	ONTAMIN	ΙΔΤΙΩΙ
			WELL VI	AI LIN OJL	•		آ ر					IAIIO
Name							┚╽	Distance		Direction		
Business			COMPL	ETION			- I	from well:		_ from we	ll:	
Address			Depth of completed well:ft.					Source				
radicss			Depth(Depth(s) groundwater encountered:				descriptio	n:			
			(1)	ft.; ((2) ft.;			Source:				
Well location			(3)	(3) ft.; (4) dry well				Distance Direction from well:				
, ,			Static v	vater level i	in well: fi		1		·	from we	ll:	
at owner's address			measured below land surface on (mm/dd/yy):					Source description:				
CONSTRUCTION					ve land surface		- }			e of contami	nation	
Borehole interval:	Borehole dia	meter:	on (mm/dd/yy	y):		. l		100 feet.			
fromto ft.		in.	Estima	ted vield:	gpm		ן ן	PERMIT &	ID NUMBER	RS (AS REQU	RED)	
fromtoft.		in.				hours		DWR App	olication No.	.:		
			Water level was:ft. afterhours pumping gpm					KDHE / EPA Project Code:				
Casing height above land surface:in.			Pump installed? Yes No					Site Name:				
If casing height is less than 12 in. has a variance been approved?* Yes No							4	KDHE UIC Class V Form Completed: Yes N				
*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:			Aquifa	r, if known			1			# of dewater		
Blank casing interval:		ft.	_									
Blank casing diameter:				OGIC LOG								
Casing joints:			FROM	ТО	LITHOLOGY II	NTERVALS						
Weight:lbs.												
Wall thickness or gauge r Blank casing interval:												
Blank casing diameter:		1t.										
Casing joints:												
Weight: lbs.												
Wall thickness or gauge r												
Grout interval: ft. to												
Grout material:												
Grout interval: ft. to	ft.		COMME	:NTS								
Grout material:												
Samoon / monformation montonial												
Screen / perforation material: Screen / perforation opening			CONTR	ACTORIS (OR LANDOWNERS	CEDTIEICATI	ON					
Screen / perforation intervals:								. 1		41	411	
Fromft. to					was constructed					the stated w		
					nse and was com	•			•			to
Slot size unit _ From ft. to				•	nowledge and be				-			
Slot size unit _					ess name of							,
Gravel pack intervals:			Kansa	s Water V	Vell Contractor's	License No		ur	nder the au	thority of th	e designa	ated
Gravel pack intervals: Gravel pack not used: Gravel size in			person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the									
From ft. to		in	-		on at its submitta				•	·		
	f t				on at its submitte	11.						
					VATER WELL OW		one f	or your rec	ords. Fee of s	55.00 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