WATER WELL RECORD (WWC-5)

VATER WELL REC	CORD (W	WC-5)				KOLAR	DOC ID	WELL ID	
OCATION OF WATER WEL	L					Original Reco	ord Correction	Change in We	ell Us
Latitude	Longitude		Section	n	Township	Range	E W Fraction	1/4 1/4	1
Datum	Elevation		Count	у					
ATER WELL OWNER			WELL WATER	RUSE			NEAREST SOURCE OF	POTENTIAL CONTAM	INATIO
ame							Source:		
usiness			COMPLETIO	N			Distance	Direction	
4011000					1 11		from well:	from well:	
Address					ed well: vater encountered:		Source description:		
			1		2) ft.;				
Well location					4) dry well		Source:		
							from well:	Direction from well:	
at owner's					n well: f	i.	Source		
address			on (mm/		w land surface):		description:		
ONSTRUCTION Borehole interval:	Borehole dia	motor.		d abov	ve land surface		No potential sour within 100 feet.	ce of contamination	
romto ft.	Dorenoic dia						PERMIT & ID NUMBE	RS (AS REQUIRED)	
		in.			gpm	L	DWR Application No	D.:	
romtoft.	_				ft. after pumping		1	Code:	
asing height above land su		in.			Yes No	gpiii			
If casing height is less th has a variance been appropriate the control of the co		s No	1 ump mstar	icu:	ies no			Form Completed: Ye	es l
*variance not required for monitoring			Water well disinfected? Yes No			County Permit: Yes No Permit ID:			
or environmental reme	diation wells		Date disinfe	cted (1	mm/dd/yy):				
asing type:			Aquifer, if k	201112				# of dewatering wells	
Blank casing interval:		ft.							
Blank casing diameter:			LITHOLOGIC			NTERMALE			
Casing joints:lbs			FROM	то	LITHOLOGY I	NIERVALS			
Wall thickness or gauge									
slank casing interval:									
Blank casing diameter:									
Casing joints:									
- '	s/ft.								
Wall thickness or gauge	no.:	_							
Grout interval: ft. to									
Grout material:									
Grout interval:ft. to									
Grout material:			COMMENTS						
creen / perforation material	l:								
creen / perforation opening	gs:		CONTRACTO	R'S C	OR LANDOWNERS	CERTIFICATIO	N		
creen / perforation intervals	s:		This water	well v	was constructed	d reconstr	ructed pursuant to	the stated water we	ell
Fromft. to	_ft.		contractor	s lice	nse and was com	pleted on	I certify th	nat this record is true	e to
Slot size unit						•	well record was compl		
From ft. to	_ft.			•	C		1		
Slot size unit							under the au		nated
ravel pack intervals:							ed and certified by the		
Gravel pack not used:		in	_		on at its submitte		sea and certified by the	ciccuonic signature	or ui
From ft. to							·	фт 00 f 1	41
Gravel pack not used:		in	send one copy	y to W			ne for your records. Fee of HEALTH AND ENVIRON		ied w
From ft. to	ft.		n				Teckson St. Suita 420 To		

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