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

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

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

LOCATION OF	WATER WEL	L					Orio	ginal Recor	d Co	rrection	Chang	e in Wel	l Use
Latitude		Longitude		Sect	ion	Township		Range	E W	Fraction	1/4	1/4	1/4
Datum		Elevation		Cou	nty				,,				
WATER WELL (	OWNER		v	/ELL WAT	ER USE				NEAREST S	OURCE OF	POTENTIAL C	ONTAMIN	IATIO
Name									Source:				
Business				OMPLETI	ON							ı	
Dustriess									from well		from wel	l:	
Address				Depth of completed well:ft.					Source description	n.			
				Depth(s) groundwater encountered: (1) ft.; (2) ft.;					-				
Well location				(1) it.; (2) it.; (3) ft.; (4) dry well									
									Distance from well	:	Direction from wel		
at owner's address				Static water level in well: ft.					Source				
				measured below land surface on (mm/dd/yy):					description	n:			
CONSTRUCTIO	ON					ve land surface					e of contami	nation	
Borehole inter	val:	Borehole dia	meter:	on (m	n/dd/yy	y): _				100 feet.			
fromto ft in.			in.	Estimated yield: gpm					PERMIT & ID NUMBERS (AS REQUIRED)				
fromto ftin.				Water level was: ft. afterhours					DWR Application No.:				
Casing height above land surface: in.				pumping gpm					KDHE / EPA Project Code:				
If casing height is less than 12 in.				Pump installed? Yes No					Site Name	»:			
has a variance been approved?* Yes No									KDHE U	IC Class V F	orm Complete	ed: Yes	No
*variance not required for monitoring or environmental remediation wells				Water well disinfected? Yes No					County Permit: Yes No Permit ID:				
Casing type:	nmentai remed	diation wells		Date disin	fected (	mm/dd/yy):			Lease Nai	ne & Well #:			
Blank casing is	nterval:	ft. to	ft.	Aquifer, if	known	:			# of boreh	oles:	# of dewater	ing wells:	
Blank casing d			-	THOLOG	IC LOG								
	nts:			FROM	то	LITHOLOGY	INTER	RVALS					
	lbs												
_	ness or gauge		_										
Blank casing in	nterval:	ft. to	ft.										
Blank casing d	liameter:	in.											
Casing join	nts:		_										
Weight:	lbs	s/ft.											
Wall thick	ness or gauge	no.:	_										
Grout interval	: ft. to	ft.											
Grout mat	erial:												
Grout interval	: ft. to	ft.											
Grout mat	erial:		C	OMMEN	S								
Screen / perfor	ration material	:											
Screen / perfo				ONTRAC	TOR'S C	OR LANDOWNER	RS CEF	RTIFICATION					
Screen / perfor				This wate	er well	was construct	ed	reconstru	cted 1	oursuant to	the stated w	ater well	
Fromft. toft.				contractor's license and was completed on I certify that this record is true to									
	unit _			the best o	of my k	nowledge and l	elief.	This water v	well record	was comple	eted on		
	_ ft. to	_		under th	e busin	ess name of							,
	unit _			Kansas V	Vater W	Vell Contractor's	s Lice	nse No	u	nder the au	thority of th	e designa	ated
Gravel pack in		0 1:				ed in K.A.R. 28-					-	_	
	k not used:		in	_		on at its submit		. 0			·	•	
	ft. to					VATER WELL OV		and retain one	e for vour rec	ords. Fee of s	\$5.00 for each	constructe	ed wel

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

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