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

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

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

OCATION OF WATER WE	:LL					Original I	Recor	d Co	rrection	Chang	e in We	ll Use
Latitude	Longitude		Section	1	Township	R	ange	E W	Fraction	1/4	1/4	1/4
Datum	Elevation		Count	7				VV				
WATER WELL OWNER		· W	ELL WATER					NEAREST S	SOURCE OF	POTENTIAL C	ONTAMIN	IATIO
Name												
			OMBI ETIO									
Business			OMPLETIO					from well	:	Direction from we	ii:	
Address			Depth of completed well:ft.  Depth(s) groundwater encountered:				ft.	Source description	n:			
			(1) fi	.; (2)	ft.;			Source:				
Well location			(3) ft	.; (4)	dry well			Distance		Direction from we		
at owner's address				below	well: ft land surface	t.		Source description		Hom we		
CONSTRUCTION					land surface		_			ce of contami	nation	
Borehole interval:	Borehole dia	meter:	on (mm/				_	within	100 feet.			
fromto ft.		in.	Estimated yi					PERMIT &	ID NUMBE	RS (AS REQU	IRED)	
fromto ft.			•		ft. after	hours		DWR Ap	plication No	).:		
	Į.								-	Code:		
Casing height above land surface:in.  If casing height is less than 12 in.			pumpinggpm Pump installed? Yes No					Site Name:				
has a variance been ap		s No	ump motun		105 110		_			Form Complet		No
*variance not required for monitoring			Water well disinfected? Yes No					County Permit: Yes No Permit ID:				
or environmental rem	ediation wells		Date disinfed	ted (m	m/dd/yy):		_	1		:		
Casing type:			A .C .C1				$\dashv$	1		# of dewater		
Blank casing interval:			Aquifer, if kr									
Blank casing diameter:			THOLOGIC									
Casing joints:			FROM	то	LITHOLOGY II	NTERVALS						
Weight:l												
Wall thickness or gauge												
Blank casing interval:		ft.										
Blank casing diameter:												
Casing joints:												
Weight:l												
Wall thickness or gauge	e no.:											
Grout interval: ft.												
Grout interval: ft.												
Grout material:		C	OMMENTS									
Screen / perforation materi	al:											
Screen / perforation opening			ONTRACTO	R'S OR	LANDOWNERS	CERTIFICA	ATION					
Screen / perforation interva			This water	well wa	as constructed	d reco	onstru	cted t	oursuant to	the stated w	vater well	
Fromft. to					se and was com			•		nat this recor		
Slot size unit					owledge and be	_			•			
Fromft. to				-	_				=			
Slot size unit					ss name of							,
Gravel pack intervals:					ll Contractor's					•	_	
Gravel pack not used:	Gravel size	in   1	person as d	efined	in K.A.R. 28-3	0-2(j) and	signe	d and certif	ied by the	electronic siş	gnature o	f the
	ft.		designated	persor	n at its submitta	al:						
Gravel pack not used:	Gravel size	in Se	end one copy	to WA	TER WELL OW	NER and ret	ain on	e for your rec	ords. Fee of	\$5.00 for each	constructe	ed we

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



