KOLAR DOC ID _____ WELL ID_

WATER WELL RECORD (WWC-5)

From _____ ft. to _____ ft.

LOCATION OF V	VATER WELI	L					1	Original Re	cor	d Co	rrection	Chang	e in Well Use
Latitude		Longitude			Section		Township	Ran	ige	E W	Fraction	1/4	1/4 1/4
Datum		Elevation			County								
WATER WELL OWNER				WELL WATER USE						NEAREST SOURCE OF POTENTIAL CONTAMINATION			
Name										Source:			
Business				COMI	PLETION								n
										Distance Direction from well:			
Address				Depth of completed well:ft. Depth(s) groundwater encountered:						Source description:			
				(1) ft.; (2) ft.;						Source:			
Well location				(3) ft.; (4) dry well						Distance Direction from well:			
,				Static water level in well: ft.						1	:	_ from wel	l:
at owner's address				measured below land surface on (mm/dd/yy):						Source description:			
CONSTRUCTION					measured above land surface							e of contami	nation
Borehole interval: Borehole diameter:					on (mm/dd/yy):					within 100 feet.			
fromtoftin.			in.	Estimated yield:gpm						PERMIT & ID NUMBERS (AS REQUIRED)			
fromtoftin.				Water level was:ft. afterhours						DWR Application No.:			
Casing height a		pumping gpm						KDHE / EPA Project Code:					
If casing hei		Pump installed? Yes No						Site Name:					
has a varian	s No						\dashv	KDHE UIC Class V Form Completed: Yes No					
*variance not required for monitoring or environmental remediation wells				Water well disinfected? Yes No						1			t ID:
Casing type:				Date disinfected (mm/dd/yy):					-				
Blank casing int	erval:	ft. to	ft.	Aqui	fer, if kno	wn:				# of borel	noles:	# of dewater	ing wells:
Blank casing dia	ameter:	in.		LITHO	LOGIC LO	OG							
Casing joints:				FRC	м т	0	LITHOLOGY IN	NTERVALS					
Weight:	lbs	s/ft.											
		no.:											
Blank casing interval:ft. toft.			ft.										
Blank casing dia													
	:s:												
Weight:lbs/ft. Wall thickness or gauge no.:													
Wall thickno	ess or gauge	no.:											
Grout interval:													
	rial:												
Grout interval:ft. toft. Grout material:					MENTS								
Grout mater	nai:												
Screen / perfora	tion material												
Screen / perfora				CONT	RACTOR'	'S OR	LANDOWNERS	CERTIFICAT	ION				
Screen / perfora	- '						s constructed			rted 1	nursuant to	the stated w	rater well
From							e and was com			•	•		
	unit						wledge and be	=			-		
From						•	_				=		
	unit						s name of						
Gravel pack inte		Kansas Water Well Contractor's License No under the authority of the designated person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the											
Gravel pack	not used:	Gravel size _	in	-				•	gnec	and certif	ned by the e	lectronic sig	gnature of the
From	_ ft. to	ft.					at its submitta				·		
Gravel pack	not used:	Gravel size _	in	Send o	one copy to) WAT	TER WELL OWN	NER and retain	n one	for your rec	ords. Fee of \$	5.00 for each	constructed well.

Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT