WATER WELL RECORD (WWC-5)

Datum Blevation County	า Well U
Datum Elevation County	1/4
WELL WATER USE	/1
Source: Distance from well: Source: Distance from well	
COMPLETION Depth of completed well:	IAMINAII
Depth of completed well:ft. Depth(s) groundwater encountered:	
Depth(s) groundwater encountered: (1)ft.; (2)ft.; (3)ft.; (4) dry well Static water level in well:ft. measured below land surface on (mm/dd/yy): measured above land surface on (mm/dd/yy): measured above land surface on (mm/dd/yy): measured above land surface on (mm/dd/yy): Estimated yield:gpm Water level was:ft. afterhours pumpinggpm DWR Application No.: KDHE / EPA Project Code:Site Name: KDHE / EPA Project Code:Site Name: KDHE / Class V Form Completed: County Permit: Yes No Permit IT Lease Name & Well #: Aquifer, if known: LITHOLOGIC LOG FROM TO LITHOLOGY INTERVALS	
Depth(s) groundwater encountered: (1)ft.; (2)ft.; (3)ft.; (4) dry well Static water level in well:ft.	
Static water level in well:ft.	
Static water level in well:ft. measured below land surface on (mm/dd/yy):	
Static water level in well:ft. measured below land surface on (mm/dd/yy): measured above land surface on (mm/dd/yy): Estimated yield:gpm Water level was:ft. afterhours pumpinggpm Pump installed? Yes No *variance not required for monitoring or environmental remediation wells Casing type:Blank casing diameter:in. Casing joints:tft. toft. Blank casing diameter:in. Weight:lbs/ft. Source description: No potential source of contaminati within 100 feet. PERMIT & ID NUMBERS (AS REQUIRE) No POtential source of contaminati within 100 feet. PERMIT & ID NUMBERS (AS REQUIRE) No PERMIT & ID NUMBERS (AS REQUIRE) No potential source of contaminati within 100 feet. PERMIT & ID NUMBERS (AS REQUIRE) No Date disinfected? Yes No Site Name: KDHE / EPA Project Code: Site Name: KDHE /	
measured below land surface on (mm/dd/yy): measured above land surface on (mm/dd/yy): Estimated yield:gpm Water level was:ft. afterhours pumpinggpm Pump installed? Yes No *variance not required for monitoring or environmental remediation wells Casing type: Blank casing diameter:in. Casing joints: Weight:lbs/ft. measured below land surface on (mm/dd/yy): measured above land surface on (mm/dd/yy): Estimated yield:gpm Water level was:ft. afterhours pumpinggpm Pump installed? Yes No Water well disinfected? Yes No Date disinfected (mm/dd/yy): Aquifer, if known: LITHOLOGIC LOG FROMTOLITHOLOGY INTERVALS Date disinfected monitoring	
measured above land surface on (mm/dd/yy): Estimated yield:gpm Water level was:ft. afterhours pumpinggpm DWR Application No.: KDHE / EPA Project Code:Site Name: KDHE UIC Class V Form Completed: Water well disinfected (mm/dd/yy): Date disinfected (mm/dd/yy): Aquifer, if known: LITHOLOGIC LOG FROM TO LITHOLOGY INTERVALS	
Borehole interval: Borehole diameter: fromtoft.	ion
Fromtoftin. Fromtoftin. Casing height above land surface:in. If casing height is less than 12 in. has a variance been approved?* Yes No *variance not required for monitoring or environmental remediation wells Casing type:	
from	D)
Casing height above land surface:in. If casing height is less than 12 in. has a variance been approved?* Yes No *variance not required for monitoring or environmental remediation wells Casing type: Blank casing interval:in. Casing joints:in. Casing joints:in. Pump installed? Yes No Pump installed? Yes No Date disinfected? Yes No Date disinfected (mm/dd/yy): Aquifer, if known: LITHOLOGIC LOG FROM TO LITHOLOGY INTERVALS KDHE / EPA Project Code: Site Name: KDHE UIC Class V Form Completed: County Permit: Yes No Permit ID Lease Name & Well #: # of boreholes: # of dewatering LITHOLOGIC LOG	
If casing height is less than 12 in. has a variance been approved?* Yes No *variance not required for monitoring or environmental remediation wells Casing type: Blank casing diameter: in. Casing joints:	
has a variance been approved?* Yes No *variance not required for monitoring or environmental remediation wells Casing type: Blank casing diameter:in. Casing joints: Weight:lbs/ft. Casing libs/ft. Water well disinfected? Yes No Date disinfected (mm/dd/yy): Aquifer, if known: LITHOLOGIC LOG FROM TO LITHOLOGY INTERVALS KDHE UIC Class V Form Completed: County Permit: Yes No Permit III Lease Name & Well #: # of boreholes: # of dewatering LITHOLOGIC LOG	
*variance not required for monitoring or environmental remediation wells Casing type:	
or environmental remediation wells Casing type: Blank casing diameter: Casing joints: Weight: Date disinfected (mm/dd/yy): Lease Name & Well #: # of boreholes: # of dewatering Lease Name & Well #: # of boreholes: # of dewatering LITHOLOGIC LOG FROM TO LITHOLOGY INTERVALS	
Casing type: Blank casing interval: ft. to ft. Casing joints: Weight: lbs/ft. Aquifer, if known: Aquifer, if known: LITHOLOGIC LOG FROM TO LITHOLOGY INTERVALS # of boreholes: # of dewatering # of boreholes: # of dewatering	
Blank casing diameter:in. LITHOLOGIC LOG Casing joints:lbs/ft. FROM TO LITHOLOGY INTERVALS	
Casing joints: FROM TO LITHOLOGY INTERVALS Weight: lbs/ft.	
Weight:lbs/ft.	
Wall thickness or gauge no.: Blank casing interval: ft. to ft.	
Blank casing diameter: in.	
Casing joints:	
Weight: lbs/ft.	
Wall thickness or gauge no.:	
Grout interval:ft. toft.	
Grout material: ft. to ft.	
Grout material: Grout material: COMMENTS	
Grout material:	
Screen / perforation material:	
Screen / perforation openings: CONTRACTOR'S OR LANDOWNERS CERTIFICATION	
Screen / perforation intervals: This water well was constructed reconstructed pursuant to the stated water	r well
Fromft. toft. contractor's license and was completed on I certify that this record is	
Classical and the complete of the control of the co	
From the to the first of my knowledge and benefit. This water well record was completed on	
Slot circa unit under the business name of	
Gravel pack intervals: Kansas Water Well Contractor's License No under the authority of the do	_
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 signal	ture of th
From ft. to ft. designated person at its submittal:	
Gravel pack not used: Gravel size in Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each con	structed v
Fromft. toft. KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-13	67

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

