KOLAR DOC ID _____ WELL ID_

WATER WELL RECORD (WWC-5)

From _____ ft. to _____ ft.

LOCATION OF WATE	ER WELL							Origin	al Recor	d Co	rrection	Chang	e in We	ll Use
Latitude		Longitude			Section		Township		Range	E W	Fraction	1/4	1/4	1/4
Datum		Elevation			County									
WATER WELL OWNE	R			WELL	WATER U	SE				NEAREST S	OURCE OF P	OTENTIAL C	ONTAMI	NATION
Name										Source:				
Business				COMP	LETION								ı	
Address				Depth of completed well:ft.					6	from well:	:	_ from wel	l:	
				Depth(s) groundwater encountered:					1ι.	Source descriptio	n:			
				1 -	-		ft.;			-				
Well location				(3) ft.; (4) dry well					Distance		Dinastia	า		
					Static water level in well: ft.					from well: from well:				
at owner's address				measured below land surface					Source descriptio	n.				
address			on (mm/dd/yy):											
CONSTRUCTION							nd surface				tential source 100 feet.	e of contami	nation	
Borehole interval: Borehole diameter:			meter:	on (mm/dd/yy):						PERMIT & ID NUMBERS (AS REQUIRED)				
fromto					ated yield							- (11201	,	
fromto ft in.				Water level was: ft. afterhours					ours	DWR Application No.:				
Casing height above	in.	pumping gpm					om	KDHE / EPA Project Code:						
If casing height i		Pump installed? Yes No						Site Name:						
has a variance been approved?* Yes No				Water well disinfected? Yes No						KDHE UIC Class V Form Completed: Yes No				
*variance not required for monitoring or environmental remediation wells				Date disinfected (mm/dd/yy):						County Permit: Yes No Permit ID: Lease Name & Well #:				
Casing type:														
Blank casing interva	l:	ft. to	ft.	Aquif	er, if knov	vn:				# OI DOIEII	.oies:	# of dewater	ing wells:	
Blank casing diameter	er:	in.		LITHO	LOGIC LO	G								
Casing joints:				FRO	м тс	L	ITHOLOGY II	NTERVA	ALS					
Weight:														
Wall thickness or			I											
Blank casing interva			ft.											
Blank casing diameter														
Casing joints:														
Weight: Wall thickness or														
Grout interval:						+								
Grout material:														
Grout interval:				COMM	IENTS									
Grout material:_														
Screen / perforation	material:													
Screen / perforation				CONT	RACTOR'S	ORL	ANDOWNERS	CERTIF	ICATION					
Screen / perforation	-						constructed		reconstru		oursuant to	the stated w	ater wel	
Fromft. to							and was com			•		at this record		
Slot size							vledge and be	_			-			
From ft. to					-		name of				_			
Slot size	unit													
Gravel pack interval		Kansas Water Well Contractor's License No under the authority of the designated												
Gravel pack not ι	in	person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the designated person at its submittal:												
From ft.		_										.		1 "
Gravel pack not	and.	Carrel sine	.	Send o	ne copy to	WAT'I	ER WELL OW	NER and	retain one	e for your rec	ords. Fee of \$	5.00 for each	construct	ea well.

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367

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