WATER WELL RECORD (WWC-5)

Gravel pack not used: Gravel size _____in

From _____ ft. to _____ ft.

WAIER WELL REC		/VC-3)		Ori	ginal Recor		Change i	n Well U
OCATION OF WATER WEL	Longitude		Section	Township	Range	E W Fraction	1/4	1/4
Latitude				Township	Range	W Fraction	/4	/4
Datum	Elevation	\A/F1.1	County					
VATER WELL OWNER		WELL	. WATER USI	<u> </u>		NEAREST SOURCE OF PO		ITAMINATI
Name						Source:	Direction	
Business		СОМІ	PLETION			Distance from well:	from well:_	
Address		-	-	ted well:	ft.	Source		
		-		water encountered:		description:		
747 II I				(2) ft.;		Source:		
Well location		(3)_	ft.;	(4) dry well		Distance from well:	Direction from well:	
at owner's		Stati	c water level	in well: ft.		Source	_ iroin wen	
address			neasured belo n (mm/dd/y	ow land surface v):		description:		
CONSTRUCTION Borehole interval: Borehole diameter:			measured above land surface on (mm/dd/yy):			No potential source of contamination within 100 feet.		
fromto ft.			•	gpm		PERMIT & ID NUMBERS	(AS REQUIRE	D)
fromto ft.				gpm ft. after	hours	DWR Application No.:		
			i ievei was	pumping		KDHE / EPA Project C		
Casing height above land su If casing height is less th			p installed?	Yes No	_ 8r	Site Name:		
has a variance been app		No	1			KDHE UIC Class V For		Yes 1
*variance not required for	Wate	Water well disinfected? Yes No			County Permit: Yes No Permit ID:			
or environmental reme	Date	Date disinfected (mm/dd/yy):			Lease Name & Well #:			
Casing type:	ft to	ft Aqui	ifer, if known	ı:		# of boreholes:	# of dewatering	g wells:
Blank casing diameter:		_"	DLOGIC LOG					
Casing joints:				LITHOLOGY INTE	RVALS			
Weight: lb								
Wall thickness or gauge	no.:							
Blank casing interval:								
Blank casing diameter:	in.							
Casing joints:								
Weight:lb	s/ft.							
Wall thickness or gauge	no.:	_						
Grout interval:ft. to	oft.							
Grout material:								
Grout interval: ft. to	oft.							
Grout material:		СОМІ	MENTS					
Screen / perforation material	1.							
Screen / perforation opening			RACTOR'S	OR LANDOWNERS CE	RTIFICATION			
Screen / perforation interval				was constructed		cted pursuant to t	he stated wate	er well
Fromft. to						I certify that		
Slot size unit				_		vell record was complet		
From ft. to			•	_		_		
Slot size unit						1 .1 .1		
Gravel pack intervals:						under the autl	-	_
Gravel pack not used:	Gravel size _	in -			(j) and signed	l and certified by the el	ectronic signa	iture of th
From ft. to	ft.	desi	gnated pers	son at its submittal:_		·		

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

Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367 (785) 296-3565 | K.S.A. 82a-1212 | v2022c