\_ WELL ID\_

KOLAR DOC ID

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

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

LOCATION OF WATER WEL	L					Oı	riginal Recor	d Cor	rection	Change	e in We	ll Use	
Latitude	Longitude		S	ection	Tov	vnship	Range	E W	Fraction	1/4	1/4	1/4	
Datum	Elevation		(	County				** ]					
WATER WELL OWNER			WELL W	ATER US	SE			NEAREST S	OURCE OF F	POTENTIAL C	ONTAMI	NATION	
Name								Source:					
Business			COMPL	ETION				Distance		Direction	ı		
					atad wall.		4	from well:		_ from wel	l:		
Address			Depth of completed well:ft.  Depth(s) groundwater encountered:					Source description	n:				
			1 -	-	(2)			-					
Well location			(3) ft.; (4) dry well								<u> </u>		
								from well:		_ from wel			
at owner's address			Static water level in well: ft.  measured below land surface					Source description					
uddiess				(mm/dd/									
CONSTRUCTION	T				ove land sur	face			ential sourc 100 feet.	e of contamin	nation		
Borehole interval: Borehole diameter:			on (mm/dd/yy):					PERMIT & ID NUMBERS (AS REQUIRED)					
fromto ft.				Estimated yield: gpm									
fromto ft in.			Water level was: ft. afterhours					DWR Application No.:					
Casing height above land su	in.	pumping gpm					KDHE / EPA Project Code:						
If casing height is less than 12 in.			Pump installed? Yes No					Site Name:					
has a variance been approved?* Yes No *variance not required for monitoring			Water well disinfected? Yes No					KDHE UIC Class V Form Completed: Yes No County Permit: Yes No Permit ID:					
or environmental remediation wells			Date disinfected (mm/dd/yy):					Lease Name & Well #:					
Casing type:										# of dewater			
Blank casing interval:		ft.	Aquite	r, if know	n:					" of dewater	mg wens.		
Blank casing diameter:				OGIC LO									
Casing joints:			FROM	то то	LITHO	LOGY INT	ERVALS						
Weight:lbs													
Wall thickness or gauge Blank casing interval:													
Blank casing diameter:		1t.											
Casing joints:													
Weight: lbs													
Wall thickness or gauge													
Grout interval: ft. to	, ft												
Grout material:													
Grout interval: ft. to													
Grout material:			COMME	ENTS									
Screen / perforation material	:												
Screen / perforation opening	gs:		CONTR	ACTOR'S	OR LANDO	WNERS C	ERTIFICATION						
Screen / perforation intervals	s:		This w	ater wel	ll was cons	structed	reconstru	cted p	ursuant to	the stated w	ater well	I	
Fromft. to	_ft.		contra	ctor's lic	cense and w	as compl	eted on	1	I certify tha	at this record	l is true	to	
Slot size unit _			the be	st of my	knowledge	and belie	f. This water v	vell record v	vas comple	ted on			
From ft. to				-	_				_			,	
Slot size unit _							ense No					ated	
Gravel pack intervals:							2(j) and signed						
Gravel pack not used:		in	-		rson at its s		· -		,				
From ft. to Gravel pack not used:		in					R and retain one	for your reco	ords. Fee of \$	5.00 for each	constructe	ed 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