WATER WELL RECORD (WWC-5)

NATER WELL	RECORD (V	/WC-5)					OC ID			
OCATION OF WATER	C			iginal Recor	d Correction	Correction Change in Well U				
Latitude	Longitude		Sect	ion	Township	Range	E W Fraction	1/4	1/4	1
Datum	Elevation		Cou	ntv	1		VV			
VATER WELL OWNER			WELL WAT	1			NEAREST SOURCE OF P	OTENTIAL C	ONTAMIN	NATIO
Name							Source:			
Business			COMPLETI	ON			Distance from well:		n	
Dustriess					1 11		from well:	_ from wel	ll:	
Address			Depth of completed well:ft. Depth(s) groundwater encountered:			n.	Source description:			
			1				-			
Well location			(1)ft.; (2)ft.; (3)ft.; (4) dry well				Source:	Direction from well:		
							from well:			
at owner's			Static water level in well: ft. measured below land surface			Source				
address				ed belov n/dd/yy)			description:			
ONSTRUCTION			measur	ed abov	e land surface		No potential source within 100 feet.	of contami	nation	
Borehole interval: Borehole diameter:			on (mm/dd/yy):			PERMIT & ID NUMBERS (AS REQUIRED)				
fromto		in.			gpm					
fromto1	ft	in.	Water leve	l was:	ft. after		DWR Application No.:			
Casing height above land surface:in.			pumpinggpm				KDHE / EPA Project Code:			
If casing height is le			Pump inst	alled?	Yes No		Site Name:			
has a variance beer		es No	Water well	disinfec	cted? Yes No		KDHE UIC Class V Fo	-		
*variance not requi		3			mm/dd/yy):		County Permit: Yes			
Casing type:			Date dioni				Lease Name & Well #:			
Blank casing interval:	ft. to	ft.	Aquifer, if	known:			# of boreholes:	# of dewater	ring wells:	
Blank casing diameter:	in.		LITHOLOG	C LOG						
Casing joints:			FROM	то	LITHOLOGY INT	ERVALS				
Weight:										
Wall thickness or g										
Blank casing interval:		ft.								
Blank casing diameter:										
Casing joints:										
Weight:	lbs/ft.									
Wall thickness or g										
Grout interval:										
Grout material:										
Grout interval:			COMMENT	S						
Grout material:										
Scroon / norforation ma	atorial.									
Screen / perforation ma Screen / perforation op			CONTRACT	IOR'S O	R LANDOWNERS CI	ERTIFICATION				
Screen / perforation of					vas constructed	reconstru	cted pursuant to t	the stated w	rater well	ı
Fromft. to _							•			
Slot size					_		I certify tha			
Fromft. to				-	_		vell record was complet			
Slot size							1 1			
Gravel pack intervals:							under the aut	•	_	
Gravel pack not use		in	-			-	l and certified by the el	ectronic się	gnature o	of tl
From ft. to		-	designate	d perso	on at its submittal:_		··			
Gravel pack not use	ed: Gravel size	in	Send one co	py to W			for your records. Fee of \$5		constructe	ed v
From ft. to	ft.		1	D			EALTH AND ENVIRONM ackson St., Suite 420, Tope			

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