WATER WELL RECORD (WWC-5)

person at its submittal

Send one copy to WATER WELL OWNER and retain one for your records.

Latitude	Longitude	Section	Township	Range	E Fraction 1/4 1/4 1/4	
Datum	Elevation	County				
/ATER WELL OWNER	₹	WELL WATER USE			PERMIT & ID NUMBERS (AS REQUIRED)	
Name					DWR Application No.:	
Business		WELL INFORMATION			KDHE / EPA Project Code:	
Address		Depth of well: ft.			Site Name: KDHE UIC Class V Form Completed: Yes No	
		Dry well				
Well location at owner's		Static water level in well: ft. measured below land surface on (mm/dd/yy):			County Permit: Yes No Permit ID:	
address		measured above land surface on (mm/dd/yy):			# of boreholes: # of dewatering wells:	
ASING		GROUT & PLUGGIN	NG MATERIALS			
Type of blank casing used:		Grout or Pluggi interval (ft.)	ng Material		Description	
Casing type details: inches		From T			2 coorpus	
Was casing channete						
Top of casing is curre						
top of cusing is curre	ground					
— Reason required if to	p of casing is now less than 5					
feet below ground sur	rface for a hand dug well or					
less than 3 feet below types of wells.	ground surface for all other					
types of wens.		COMMENTS				
ONTRACTOR'S OR I	LANDOWNERS CERTIFICAT	ION				
This water well was	s plugged pursuant to the s	tated water well contrac	ctor's license and wa	s complete	ed on I certify that this	
record is true to the	e best of my knowledge an	d belief. This water well	record was complet	ted on	under the business name of	

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

authority of the designated person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the designated



COUNTRY ROAD 42 (V)

