KOLAR DOC ID \_\_\_\_\_ WELL ID\_

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

LOCATION OF WATER WELL	_					Original Recor	d Correction	Change	in Wel	ll Use
Latitude Datum	Longitude Elevation		Sect		Township	Range	E Fraction	1/4	1/4	1/4
WATER WELL OWNER			WELL WAT	ER USE			NEAREST SOURCE OF PO	TENTIAL CO	NTAMIN	IATION
Name							Source:			
Business			COMPLET	ON			Distance from well:			
			Depth of	complete	ed well:	ft		from well:		
Address					ater encountered		Source description:			
			1 -	-	2) ft.;		Source:			
Well location					dry well		Distance	Dinastian		
					n well:1	<u> </u>	from well:	from well:		
at owner's address			measu		w land surface	rt.	Source description:			
CONSTRUCTION							No potential source	of contamina	ation	
Borehole interval: Borehole diameter:			measured above land surface on (mm/dd/yy):				within 100 feet.			
fromto ft.		in.			gpm		PERMIT & ID NUMBERS	(AS REQUIR	ED)	
fromto ft.					gpm ft. after	hours	DWR Application No.:			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		pumping		KDHE / EPA Project Co			
Casing height above land surface:in.  If casing height is less than 12 in.			Pump installed? Yes No			Or	Site Name:			
has a variance been approved?* Yes No			1				KDHE UIC Class V For			No
*variance not required for monitoring			Water well disinfected? Yes No			County Permit: Yes No Permit ID:  Lease Name & Well #:				
or environmental remediation wells			Date disinfected (mm/dd/yy):							
Casing type:Blank casing interval:	ft to		Aquifer, if	known:			# of boreholes:	# of dewaterin	ng wells:	
Blank casing diameter:			LITHOLOG							
Casing joints:			FROM	TO	LITHOLOGY	NTFRVAI S				
Weight: lbs.			T ItOM		Limbeout	INTERVALS				
Wall thickness or gauge r										
Blank casing interval:										
Blank casing diameter:										
Casing joints:										
Weight:lbs	/ft.									
Wall thickness or gauge r	10.:	_								
Grout interval: ft. to	ft.									
Grout material:										
Grout interval: ft. to										
Grout material:			COMMENT	rs						
Screen / perforation material:										
Screen / perforation opening			CONTRAC	TOR'S O	R LANDOWNER	S CERTIFICATION				
Screen / perforation intervals:			This water	er well v	was constructe	d reconstru	cted pursuant to the	ne stated wa	ter well	
Fromft. to	ft.		contracte	or's licer	nse and was con	npleted on	I certify that	this record	is true f	to
Slot size unit _			the best	of my kı	nowledge and b	elief. This water v	vell record was complete	ed on		
From ft. to	•		under th	e busine	ess name of					,
Slot size unit _			Kansas V	Vater W	ell Contractor's	License No	under the auth	ority of the	designa	ated
Gravel pack intervals:							d and certified by the ele			
Gravel pack not used:		in	1		on at its submitt	,				-
From ft. to							e for your records. Fee of \$5	00 for each co	nstruct:	ed well
Gravel pack not used:		in	ocha one co	Y 10 W.			EALTH AND ENVIRONME		, 110ti uct	a mil.
From ft. to	_ π.			Bureau o			ackson St., Suite 420, Tope		1367	

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