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

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

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

OCATION OF WATER W	ELL		Original Reco			rd Correction		Change in Well Use		
Latitude	Longitude		Section	Township	Range	E W	Fraction	1/4	1/4	1/4
Datum	Elevation		County							
WATER WELL OWNER		WI	ELL WATER USI	 E		NEAREST S	SOURCE OF I	POTENTIAL C	ONTAMIN	ATIO
Name										
Business			MPLETION			Dictance		Direction	n	
Dusiness						from well	<u> </u>	from wel	ll:	
Address			Depth of completed well:ft.			Source				
			-	water encountered:		description				
Well location			ft.;							
ven location			(3) ft.; (4) dry well			Distance Direction from well: from well:				
at owner's		St		in well: ft		Source				
address			measured below land surface on (mm/dd/yy):			description	n:			
CONSTRUCTION				ove land surface				e of contami	nation	
Borehole interval:	Borehole dia	meter:	on (mm/dd/y			within	100 feet.			
fromto ft.		in. F.	stimated yield:	gnm		PERMIT &	ID NUMBER	RS (AS REQUI	RED)	
fromto ft in.			-	ft. after	hours	DWR Ap	plication No.	:		
Casing height above land surface: in.			pumpinggpm			KDHE / EPA Project Code:				
If casing height is less than 12 in.			ump installed?		01	1				
has a variance been ap		s No				KDHE U	IC Class V Fo	orm Complet	ed: Yes	No
*variance not required for monitoring				ected? Yes No	I	County P	ermit: Yes	No Permi	it ID:	
or environmental ren	nediation wells	D	ate disinfected	(mm/dd/yy):		Lease Nai	ne & Well #:			
Casing type:	ft to	A	quifer, if known	1:		# of boreh	oles:	# of dewater	ring wells:	
Blank casing diameter:			HOLOGIC LOG							
Casing joints:			ROM TO	LITHOLOGY IN	ITERVAI S					
Weight:		•	10111	Emilozodi ii	TIERVALS					
Wall thickness or gaug										
Blank casing interval:										
Blank casing diameter:										
Casing joints:										
Weight:	lbs/ft.									
Wall thickness or gaug	ge no.:									
Grout interval: ft.	to ft.									
Grout material:										
Grout interval:ft.										
Grout material:		co	MMENTS							
Screen / perforation mater	rial:									
Screen / perforation open	ings:	co	NTRACTOR'S	OR LANDOWNERS	CERTIFICATION	N				
Screen / perforation interv	vals:	Т	his water well	was constructed	l reconstr	ucted 1	oursuant to	the stated w	ater well	
Fromft. to	ft.	C	ontractor's lice	ense and was com	pleted on		I certify the	at this recor	d is true t	0
Slot size un	it			knowledge and be	_		-			
From ft. to	ft.		-	ness name of			_			
Slot size un	it			Well Contractor's l						, ited
Gravel pack intervals:		1 1						-	_	
Gravel pack not used:	Gravel size	in   -		ed in K.A.R. 28-3		ed and certif	ied by the e	nectronic sig	gnature o	tne
From ft. to	ft.	_		son at its submitta			· ·			
Gravel pack not used:	Gravel size	in Ser	nd one copy to V	VATER WELL OWN	NER and retain or	ne for your rec	ords. Fee of \$	55.00 for each	constructe	d wel

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367