

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

KOLAR DOC ID \_\_\_\_\_ WELL ID \_\_\_\_\_  
 Original Record      Correction      Change in Well Use

**LOCATION OF WATER WELL**

|          |  |           |  |         |  |          |  |       |  |        |          |   |   |   |
|----------|--|-----------|--|---------|--|----------|--|-------|--|--------|----------|---|---|---|
| Latitude |  | Longitude |  | Section |  | Township |  | Range |  | E<br>W | Fraction | ¼ | ¼ | ¼ |
| Datum    |  | Elevation |  | County  |  |          |  |       |  |        |          |   |   |   |

**WATER WELL OWNER**

|                                     |  |
|-------------------------------------|--|
| Name                                |  |
| Business                            |  |
| Address                             |  |
| Well location<br>at owner's address |  |

**WELL WATER USE**

\_\_\_\_\_

**COMPLETION**

Depth of completed well: \_\_\_\_\_ ft.  
 Depth(s) groundwater encountered:  
 (1) \_\_\_\_\_ ft.; (2) \_\_\_\_\_ ft.;  
 (3) \_\_\_\_\_ ft.; (4) dry well

Static water level in well: \_\_\_\_\_ ft.  
 measured below land surface on (mm/dd/yy): \_\_\_\_\_  
 measured above land surface on (mm/dd/yy): \_\_\_\_\_

Estimated yield: \_\_\_\_\_ gpm  
 Water level was: \_\_\_\_\_ ft. after \_\_\_\_\_ hours  
 pumping \_\_\_\_\_ gpm  
 Pump installed?    Yes    No

Water well disinfected?    Yes    No  
 Date disinfected (mm/dd/yy): \_\_\_\_\_

Aquifer, if known: \_\_\_\_\_

**NEAREST SOURCE OF POTENTIAL CONTAMINATION**

Source: \_\_\_\_\_  
 Distance from well: \_\_\_\_\_      Direction from well: \_\_\_\_\_  
 Source description: \_\_\_\_\_

Source: \_\_\_\_\_  
 Distance from well: \_\_\_\_\_      Direction from well: \_\_\_\_\_  
 Source description: \_\_\_\_\_

No potential source of contamination within 100 feet.

**CONSTRUCTION**

|  |                                 |
|--|---------------------------------|
| Borehole interval:<br>from _____ to _____ ft.  | Borehole diameter:<br>_____ in. |
| from _____ to _____ ft.  | _____ in.                       |
| Casing height above land surface: _____ in.<br>If casing height is less than 12 in. has a variance been approved? *    Yes    No<br>*variance not required for monitoring or environmental remediation wells |                                 |
| Casing type: _____   |                                 |
| Blank casing interval: _____ ft. to _____ ft.  |                                 |
| Blank casing diameter: _____ in.   |                                 |
| Casing joints: _____   |                                 |
| Weight: _____ lbs/ft.  |                                 |
| Wall thickness or gauge no.: _____   |                                 |
| Blank casing interval: _____ ft. to _____ ft.  |                                 |
| Blank casing diameter: _____ in.   |                                 |
| Casing joints: _____   |                                 |
| Weight: _____ lbs/ft.  |                                 |
| Wall thickness or gauge no.: _____   |                                 |
| Grout interval: _____ ft. to _____ ft.   |                                 |
| Grout material: _____  |                                 |
| Grout interval: _____ ft. to _____ ft.   |                                 |
| Grout material: _____  |                                 |
| Screen / perforation material: _____   |                                 |
| Screen / perforation openings: _____   |                                 |
| Screen / perforation intervals:<br>From _____ ft. to _____ ft.<br>Slot size _____ unit _____   |                                 |
| From _____ ft. to _____ ft.<br>Slot size _____ unit _____  |                                 |
| Gravel pack intervals:<br>Gravel pack not used:    Gravel size _____ in.<br>From _____ ft. to _____ ft.  |                                 |
| Gravel pack not used:    Gravel size _____ in.<br>From _____ ft. to _____ ft.  |                                 |

**PERMIT & ID NUMBERS (AS REQUIRED)**

DWR Application No.: \_\_\_\_\_  
 KDHE / EPA Project Code: \_\_\_\_\_  
 Site Name: \_\_\_\_\_  
 KDHE UIC Class V Form Completed:    Yes    No  
 County Permit:    Yes    No    Permit ID: \_\_\_\_\_  
 Lease Name & Well #: \_\_\_\_\_  
 # of boreholes: \_\_\_\_\_    # of dewatering wells: \_\_\_\_\_

**LITHOLOGIC LOG**

| FROM | TO | LITHOLOGY INTERVALS |
|------|----|---------------------|
|      |    |                     |
|      |    |                     |
|      |    |                     |
|      |    |                     |
|      |    |                     |
|      |    |                     |
|      |    |                     |
|      |    |                     |
|      |    |                     |
|      |    |                     |

**COMMENTS**

\_\_\_\_\_

**CONTRACTOR'S OR LANDOWNERS CERTIFICATION**

This water well was    constructed    reconstructed    pursuant to the stated water well contractor's license and was completed on \_\_\_\_\_. I certify that this record is true to the best of my knowledge and belief. This water well record was completed on \_\_\_\_\_ under the business name of \_\_\_\_\_, Kansas Water Well Contractor's License No. \_\_\_\_\_ under the 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 person at its submittal: \_\_\_\_\_.

Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.