KOLAR DOC ID _____ WELL ID_

WATER WELL RECORD (WWC-5)

From _____ ft. to _____ ft.

OCATION OF WATER WELI	_		Original Record Correction Chang						e in Well Use	
Latitude	Longitude			Section	Township	Range	E W Fraction	1/4	1/4	1/4
Datum	Elevation			County			**			
WATER WELL OWNER			WELL	WATER USI	 E		NEAREST SOURCE OF	POTENTIAL C	ONTAMIN	IATION
Name							Source:			
			COMP	LETION			Distance	Direction	n	
Business				LETION			from well:	from wel	l:	
Address			Depth of completed well:ft. Depth(s) groundwater encountered:				Source description:			
			1 -	(1) ft.; (2) ft.;			-			
Well location			(3) ft.; (4) dry well			Source:				
			Static water level in well: ft.				from well: from well:			
at owner's address			measured below land surface on (mm/dd/yy):				Source description:			
CONSTRUCTION			m	easured abo	ve land surface		No potential sour	rce of contamin	nation	
Borehole interval: Borehole diameter:			on (mm/dd/yy):			PERMIT & ID NUMBERS (AS REQUIRED)				
fromto ft in.			Estimated yield: gpm				TERMIT & ID NOMBERS (AS REQUIRED)			
fromto ft in.			Water level was: ft. afterhours				DWR Application No.:			
Casing height above land surface: in.			pumping gpm				KDHE / EPA Project Code:			
If casing height is less than 12 in.			Pump installed? Yes No			Site Name:				
has a variance been appr	oved?* Ye	s No					KDHE UIC Class V	Form Complete	ed: Yes	No
*variance not required for monitoring			Water well disinfected? Yes No			County Permit: Yes No Permit ID:				
or environmental remediation wells			Date disinfected (mm/dd/yy):			Lease Name & Well #:				
Casing type:	ft to		Aguif	er, if known	1;		# of boreholes:	# of dewater	ing wells:	
Blank casing diameter:		1t.		LOGIC LOG						
Casing joints:			FROI		LITHOLOGY	NITEDWALC				
Weight: lbs			rkoi	10	Limologii	IVIERVALS				
Wall thickness or gauge 1										
Blank casing interval:										
Blank casing diameter:		1ι.								
Casing joints:										
Weight:lbs										
Wall thickness or gauge i	10.:									
Grout interval: ft. to Grout material:										
Grout interval: ft. to										
			COMM	IENTS						
Grout material:										
Samoon / monformation montonial										
Screen / perforation materials			CONT	DACTOR'S	OB LANDOWNER	CEDTIFICATION	<u> </u>			
Screen / perforation opening					OR LANDOWNER					
Screen / perforation intervals					was constructe		•	o the stated w		
Fromft. to	_		conti	ractor's lice	ense and was con	pleted on	I certify t	hat this record	l is true 1	to
Slot size unit _			the b	est of my l	knowledge and b	elief. This water	well record was comp	leted on		
From ft. to	_		unde	r the busir	ness name of					,
Slot size unit _			Kans	as Water V	Vell Contractor's	License No.	under the a	uthority of the	e designa	ited
Gravel pack intervals:							d and certified by the	•	_	
Gravel pack not used:	Gravel size _	in	-			-	a and certified by the	ciccironic sig	,1101UIE O	
From ft. to	ft.				son at its submitt		· · · · · · · · · · · · · · · · · · ·			
Gravel pack not used:	Gravel size	in	Send o	ne copy to V	VATER WELL OW	NER and retain on	e for your records. Fee of	\$5.00 for each	constructe	ed well

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