WATER WELL RECORD (WWC-5)

From _____ ft. to _____ ft.

Coation of Water Well County Coun	· . AA7. H. L.L.
Datum Blastines WELL WATER USE Source:	in well us
Datum Blevation County	1/4
Source: Distance Direction	
Depth of completed well:	NTAMINATI
Depth of completed well:	
Depth of completed well:	
Depth(s) groundwater encountered: (i)ft.; (2)ft.; (3)ft.; (4) dry well Static water level in well:ft. measured below land surface on (mm/dd/yy):	
Static water level in well:	
Static water level in well:	
Source description: Source description:	
measured below land surface on (mm/dd/yy): measured above land surface on (mm/dd/yy): Estimated yield:gpm Water level was:ft. afterhours pumpinggpm Pump installed? Yes No Date disinfected? Yes No Date disinfected (mm/dd/yy): Lease Name & Well #: Lease Name & Well #: # of boreholes: # of dewatering # o	
Borehole interval: fromtoft. fromtoft. Casing height above land surface:in. If casing height is less than 12 in. has a variance been approved?* Yes No *variance not required for monitoring or environmental remediation wells Casing type: Blank casing interval:ft. toft. Blank casing diameter:in. Casing joints:	
from	tion
from	ED)
Casing height above land surface:in. If casing height is less than 12 in. has a variance been approved?* Yes No *variance not required for monitoring or environmental remediation wells Casing type:	
If casing height is less than 12 in. has a variance been approved?* Yes No *variance not required for monitoring or environmental remediation wells Casing type: Blank casing diameter:in. Casing joints: Weight:lbs/ft. Wall thickness or gauge no.: Blank casing diameter:in. Casing joints: Blank casing diameter:in. Casing joints: Blank casing diameter:in. Casing joints:	
*Variance not required for monitoring or environmental remediation wells Casing type: Blank casing diameter: in. Casing joints: blank casing diameter: in.	
*variance not required for monitoring or environmental remediation wells Casing type: Blank casing diameter:in. Casing joints: Water well disinfected? Yes No Date disinfected? Memodify:	
or environmental remediation wells Casing type: Blank casing interval: Casing joints: Weight: Wall thickness or gauge no.: Blank casing diameter: Blank casing diameter: Casing joints: Casing joints	
Casing type: Blank casing interval: ft. to ft. Blank casing diameter: in. Casing joints: Weight: lbs/ft. Wall thickness or gauge no.: Blank casing diameter: in. Casing joints: Aquifer, if known: # of boreholes: # of dewatering # of d	
Blank casing diameter:in. Casing joints: Lit toit. Weight:lbs/ft. Wall thickness or gauge no.: Blank casing diameter:in. Casing joints: in. Casing joints: Casing	
Casing joints: Weight:lbs/ft. Wall thickness or gauge no.: Blank casing interval:ft. toft. Blank casing diameter:in. Casing joints:	g wens
Weight:lbs/ft. Wall thickness or gauge no.: Blank casing interval:in. Casing joints:in.	
Wall thickness or gauge no.: Blank casing interval:in. Casing joints:in.	
Blank casing interval:ft. toft. Blank casing diameter:in. Casing joints:	
Blank casing diameter:in. Casing joints:	
Casing joints:	
Weight:lbs/ft.	
Wall thickness or gauge no.:	
Grout interval: ft. to ft.	
Grout material:	
Grout interval:ft. toft.	
Grout material: COMMENTS	
Screen / perforation material:	
Screen / perforation openings: CONTRACTOR'S OR LANDOWNERS CERTIFICATION	
Screen / perforation intervals: This water well was constructed reconstructed pursuant to the stated was	er well
Fromft. toft. contractor's license and was completed on I certify that this record	
Classics and the contract of t	
From the to the first of my knowledge and benefit hims water went record was completed on	
under the business name of	
Gravel pack intervals: Kansas Water Well Contractor's License No under the authority of the	designated
Gravel pack intervals: Gravel pack not used: Gravel sizein person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic sign	ature of the
designated negon at its submittal.	
Fromft. toft. Gravel pack not used: Gravel sizein Gesignated person at its submittal: Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each co	nstructed w

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