KOLAR DOC ID _____ WELL ID_

WATER WELL RECORD (WWC-5)

OCATION OF WATER WEL	L				Ori	ginal Recor	d Correction	Change	in Well	Use
Latitude	Longitude			Section	Township	Range	E W Fraction	1/4	1/4	1/4
Datum	Elevation			County			,,,			
VATER WELL OWNER			WELL	WATER US	 E		NEAREST SOURCE OF PO	OTENTIAL CO	NTAMIN	ATION
Name							Source:			
Business			COMPI	LETION			Distance	Direction		
Dustriess							from well:	from well:		
Address					ted well: water encountered:	ft.	Source description:			
			(1)	ft.;	(2) ft.;		Source:			
Well location					(4) dry well		Distance from well:	Direction		
at owner's address			me		in well: ft. ow land surface		Source description:			
CONSTRUCTION				•	ve land surface		No potential source	of contamina	ation	
Borehole interval: Borehole diameter:			on (mm/dd/yy):				within 100 feet.			
fromto ft.		in.	Estim	ated vield.	gpm		PERMIT & ID NUMBERS	(AS REQUIR	ED)	
fromtoft.					gpm ft. after	hours	DWR Application No.:			
	Į.		Vvater	icvei was.			KDHE / EPA Project Co			
Casing height above land surface:in.			pumpinggpm Pump installed? Yes No				Site Name:			
If casing height is less than 12 in. has a variance been approved?* Yes No			rump instaned: Yes No				KDHE UIC Class V Form Completed: Yes No			
*variance not required for			Water	well disinf	ected? Yes No		County Permit: Yes	•		
or environmental reme			Date o	disinfected	(mm/dd/yy):		Lease Name & Well #:			
Casing type:			1				# of boreholes:			
Blank casing interval:		ft.	Aquif	er, if knowr	1:					
Blank casing diameter:				LOGIC LOG						
Casing joints:			FRO	и то	LITHOLOGY INTE	RVALS				
Weight:lbs										
Wall thickness or gauge										
Blank casing interval:		ft.								
Blank casing diameter:										
Casing joints:										
Weight:lbs										
Wall thickness or gauge	no.:									
Grout interval: ft. to	oft.									
Grout material:										
Grout interval: ft. to	oft.									
Grout material:			COMM	IENTS						
										ļ
Screen / perforation material	l:									
Screen / perforation opening	gs:		CONT	RACTOR'S	OR LANDOWNERS CE	RTIFICATION				
Screen / perforation intervals	s:		This	water well	was constructed	reconstru	cted pursuant to tl	ne stated wa	ter well	
Fromft. to	_ft.		contr	actor's lice	ense and was complet	ted on	I certify that	this record	is true t	o
Slot size unit					_		vell record was complete			
From ft. to	_ft.			-	-		ven record was complete			
Slot size unit										
Gravel pack intervals:							under the auth	-	_	
Gravel pack not used:	Gravel size	in	1			(J) and signed	d and certified by the ele	ectronic sign	ature of	the
From ft. to			desig	nated per	son at its submittal:		· · · · · · · · · · · · · · · · · · ·			
Gravel pack not used:	Gravel size	in	Send or	ne copy to V			for your records. Fee of \$5.		onstructe	d well.
From ft. to	ft.			Bureau	of Water, Geology Secti	ion, 1000 SW J	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