_ WELL ID_

KOLAR DOC ID

WATER WELL RECORD (WWC-5)

From _____ ft. to _____ ft.

LOCATION OF WATER W	ELL				1	Origina	al Recor	d Cor	rection	Chang	e in We	ll Use
Latitude	Longitude		Section		Township		Range	E W	Fraction	1/4	1/4	1/4
Datum	Elevation		County		_			VV				
WATER WELL OWNER		W	ELL WATER U	JSE				NEAREST S	OURCE OF I	POTENTIAL C	ONTAMII	NATION
Name								Source:				
Business			MPLETION					Distance		Direction	ı	
				.1.4.1	11		4	from well:		_ from wel	l:	
Address			Depth of completed well:ft. Depth(s) groundwater encountered:					Source description	n•			
			-					_				
Well location			(1)ft.; (2)ft.; (3)ft.; (4) dry well									
								from well:		_ from wel		
at owner's address			Static water level in well: ft. measured below land surface					Source	_			
address			on (mm/dd/yy):					description:				
CONSTRUCTION			measured a	bove la	nd surface				ential sourc 100 feet.	e of contami	nation	
Borehole interval:	Borehole dia	meter:	on (mm/dd	l/yy):	_		_			S (AS DEOLU	DED)	
fromto ft.		in. F	stimated yield	d:	gpm			PERIVITION	DINUMBER	S (AS REQUI	RED)	
fromto ft.		in. V	Vater level wa	s:	ft. after	ho	urs	DWR App	lication No.	:		
Casing height above land surface: in.			pumpinggpm					KDHE / EPA Project Code:				
If casing height is less than 12 in.			Pump installed? Yes No					Site Name:				
has a variance been approved?* Yes No			W. A. a. a. II district the day of the					KDHE UIC Class V Form Completed: Yes No				
*variance not required for monitoring or environmental remediation wells			Water well disinfected? Yes No Date disinfected (mm/dd/yy):					County Permit: Yes No Permit ID: Lease Name & Well #:				
Casing type:			ate distillecte	tu (IIIII)	/dd/yy)			1				
Blank casing interval:	ft. to	ft.	quifer, if kno	wn:				# of boren	oles:	# of dewater	ring wells:	
Blank casing diameter: _	in.	LIT	HOLOGIC LO	OG								
Casing joints:			ROM T	0 Г	ITHOLOGY I	NTERVA	LS					
Weight:	lbs/ft.											
Wall thickness or gaug												
Blank casing interval:		ft.										
Blank casing diameter:												
Casing joints:												
Weight: Wall thickness or gaug												
Grout interval: ft.												
Grout material:												
Grout interval: ft.		co	MMENTS	,								
Grout material:												
Screen / perforation mater	ial.											
Screen / perforation open			NTRACTOR	'S OR I	ANDOWNERS	CERTIE	ICATION					
Screen / perforation interv					constructed		econstru		ureuant to	the stated w	nter wel	1
Fromft. to					and was com			•		at this record		
Slot size un						-			· ·			
From ft. to				-	vledge and be				_			—
Slot size un					name of							
Gravel pack intervals:					Contractor's							
Gravel pack not used:	Gravel size	in -			n K.A.R. 28-3	-	nd signe	d and certifi	ed by the e	electronic sig	nature o	of the
From ft. to	ft.				ıt its submitta				·			
Gravel pack not used:	Gravel size	in Se	nd one copy to	o WATE	ER WELL OWN	NER and	retain one	e for your reco	ords. Fee of \$	5.00 for each	construct	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