KOLAR DOC ID \_\_\_\_\_ WELL ID\_

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

From \_\_\_\_\_ft. to \_\_\_\_\_ft.

LOCATION OF WATER WE	LL					Origina	ıl Recor	d Correction	Chang	e in Wel	ll Use
Latitude	Longitude		Section		Township		Range	E W Fraction	1/4	1/4	1/4
Datum	Elevation		County								
WATER WELL OWNER		W	ELL WATER U	JSE				NEAREST SOURCE OF PO	TENTIAL C	ONTAMIN	NATION
Name								Source:			
Business		cc	MPLETION					Distance from well:		n	
			anth of comm	alatad v	wall.		ft.	from well:	from wel	ll:	
Address			Depth of completed well:ft.  Depth(s) groundwater encountered:					Source description:			
Well location			(1) ft.; (2) ft.; (3) ft.; (4) dry well					Source:	Direction		
								from well:	from wel		
at owner's			Static water level in well: ft.					Source			
address			measured below land surface on (mm/dd/yy):					description:			
CONSTRUCTION			measured a	above la	and surface			No potential source of within 100 feet.	of contami	nation	
Borehole interval:	Borehole dia		on (mm/do	1/yy):				PERMIT & ID NUMBERS	(AS REQUI	RED)	
fromto ft.		in.   E	stimated yield	d:	gpm				(1.011.201		
fromto ft in.			Water level was: ft. afterhours					DWR Application 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			Water well disinfected? Yes No					KDHE UIC Class V Form Completed: Yes No			
*variance not required for monitoring or environmental remediation wells			Date disinfected (mm/dd/yy):					County Permit: Yes No Permit ID:  Lease Name & Well #:			
Casing type:			- utc distilicati	(11111							
Blank casing interval:	ft. to	ft. A	quifer, if kno	wn:				# of boreholes: #	of dewater	ring wells:	
Blank casing diameter:	in.	LIT	HOLOGIC L	OG							
Casing joints:		<u> </u>	ROM T	0	LITHOLOGY I	NTERVA	LS				
Weight:l											
Wall thickness or gauge											
Blank casing interval:		ft.									
Blank casing diameter:	<u> </u>										
Casing joints:											
Weight:l											
Wall thickness or gauge	e no.:										
Grout interval: ft.											
Grout material:											
	toft.	cc	MMENTS								
Grout material:											
Screen / perforation materi			ALTD A CTC -	/C CD :	ANDONALES	·	CATION				
Screen / perforation opening					LANDOWNERS					. 11	
Screen / perforation interva					s constructed		econstru	1			
Fromft. to						-		I certify that			
Slot size unit					-			well record was complete			
Slot size unit											
Gravel pack intervals:		k	Cansas Wate	r Well	Contractor's	License 1	No	under the auth	ority of th	e designa	ated
Gravel pack not used:	Gravel size	<sub>in</sub>     p	erson as de	fined i	n K.A.R. 28-3	30-2(j) ar	nd signe	d and certified by the ele	ctronic się	gnature o	of the
From ft. to	ft.		esignated p	erson	at its submitta	al:					
Gravel pack not used:	Gravel size	in	nd one copy to	o WAT	ER WELL OW	NER and	retain one	e for your records. Fee of \$5.0	00 for each	constructe	ed well.

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
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