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

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

From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

LOCATION OF WATER	R WELL					О	riginal Reco	ord C	orrection	Chang	je in We	ll Use
Latitude	Longitude		S	ection	Town	ship	Range	]	Fraction	1/4	1/4	1/4
Datum	Elevation		C	ounty								
WATER WELL OWNER			WELL W	ATER US	E			NEAREST	SOURCE OF	POTENTIAL C	ONTAMI	NATION
Name								Source:				
Business			COMPLI	TION				Distanc	e ell:	Directio		
Dusiness					. 1 11			from we	ell:	from we	ll:	
Address			Depth of completed well:ft.  Depth(s) groundwater encountered:				Source descript	ion.				
			1 -	-								
Well location			(1) ft.; (2) ft.; (3) ft.; (4) dry well									
								Distanc from we	e ell:	Directio from we	n ll:	
at owner's					in well:			Source				
address				sured bel mm/dd/y	low land surfa /v):	ce		descript	ion:			
CONSTRUCTION				•	ove land surfa	ce			otential sour	ce of contami	ination	
Borehole interval:	Borehole di	ameter:	on (	mm/dd/y	yy):				in 100 feet.			
fromto	ft	in.	Estimat	ed yield:	gpm			PERMIT	& ID NUMBEI	RS (AS REQU	IRED)	
fromto	in.	Water level was: ft. after hours					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 bee		es No		11 1	C . 10			KDHE	UIC Class V F	orm Complet	ted: 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:				
Casing type:	remediation wens		Date di	sinfected	(mm/aa/yy):			I	ame & Well #			
Blank casing interval:	ft. to	ft.	Aquife	, if know	n:			# of bor	eholes:	# of dewate	ring wells:	
Blank casing diameter			LITHOL	OGIC LOC	G							
Casing joints:			FROM	то	LITHOLO	OGY IN	ΓERVALS					
Weight:	lbs/ft.											
Wall thickness or	gauge no.:											
Blank casing interval:	ft. to	ft.										
Blank casing diameter	r:in.											
Casing joints:												
Weight:												
Wall thickness or	gauge no.:											
Grout interval:	ft. toft.											
Grout material:												
Grout interval:	ft. toft.		COMMA	NTC								
Grout material:			COMME	MIS								
Screen / perforation m												
Screen / perforation o							ERTIFICATIO					
Screen / perforation in			This w	ater well	l was const	ructed	reconstr	ructed	pursuant to	the stated v	vater well	l
Fromft. to			contra	ctor's lic	ense and wa	s comp	leted on		I certify th	at this recor	d is true	to
	unit		the be	st of my	knowledge a	nd beli	ef. This water	well record	d was comple	eted on		
Fromft. to			under	the busi	ness name o	f						,
	_ unit		Kansa	Water V	Well Contrac	tor's Li	cense No		under the au	thority of th	ne design	ated
Gravel pack intervals: Gravel pack not us			person	as defin	ned in K.A.R	. 28-30	-2(j) and sign	ed and cert	ified by the	electronic si	gnature c	of the
From ft. to		in	design	ated per	son at its sul	mittal:						
Gravel pack not us		in	Send one	copy to V	WATER WELI	OWN	ER and retain o	ne for your r	ecords. 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