WELL ID

KOLAR DOC ID

Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367 (785) 296-3565 | K.S.A. 82a-1212 | v2022c

WATER WELL RECORD (WWC-5)

From _____ ft. to _____ ft.

LOCATION OF W	/ATER WELI	L						Original	Recor	d Correction	Chang	e in We	II Use
Latitude		Longitude			Section		Township		Range	E W Fraction	1/4	1/4	1/4
Datum		Elevation			County				-	.,,			
WATER WELL OV	VNER				WATER US	SE				NEAREST SOURCE OF PO	OTENTIAL C	ONTAMIN	NATION
Name										Source:			
Business				COMP	LETION					I			
Dusiness										Distance from well:	from we	ll:	
Address				1 -	-		rell: r encountered:		_ft.	Source description:			
				(1) ft.; (2) ft.;						Source:			
Well location					ft.;					Distance from well:		n ll:	
at owner's address				Static water level in well: ft. measured below land surface on (mm/dd/yy):						Source description:			
CONSTRUCTION	l	T		m	easured ab	ove la	nd surface			No potential source within 100 feet.	of contami	nation	
Borehole interva	al:	Borehole dia	meter:	or	(mm/dd/	yy):			_	PERMIT & ID NUMBERS	(AS REOLII	IRED)	
fromto _	ft.		in.	Estim	ated yield:		gpm			I EKWIT & ID NOMBERS	(AS ILLQO	INLD)	
fromto ft in.				Water level was:ft. afterhours					rs	DWR Application No.:			
Casing height above land surface:in.				pumping gpm					ı	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:							77/			# of boreholes:			
Blank casing int	erval:	ft. to	ft.	Aquif	er, if know	n:				# of borchoics.	# of dewater	ring wens:	
Blank casing dia				LITHO	LOGIC LO	G							
				FRO	м то	L	ITHOLOGY II	NTERVAL	S				
Weight:													
		no.:											
Blank casing into			ft.										
Blank casing dia													
Casing joints	s:lbs												
		no.:											
Grout interval:													
Grout mater													
Grout interval:				COMN	IENTS								
Grout mater	ial:												
Screen / perforat	ion material	:											
Screen / perfora				CONT	RACTOR'S	OR L	ANDOWNERS	S CERTIFIC	CATION				
Screen / perforat	ion intervals	·		This	water wel	l was	constructed	d red	constru	cted pursuant to t	he stated w	vater well	
Fromft. toft.				contractor's license and was completed on I certify that this record is true to									
	unit _							=		vell record was complete			
From	ft. to	_ft.			•		-			ven record was complete			
Slot size _	unit _												
Gravel pack inte	rvals:									under the auth	•	_	
Gravel pack	not used:	Gravel size _	in	-				-	a signe	d and certified by the ele	ectronic się	gnature o	t the
From	_ ft. to	ft.					ıt its submitta			·			
Gravel pack	not used:	Gravel size _	in	Send o	ne copy to	WATE				e for your records. Fee of \$5		constructe	ed well.
Enom	G. 4.	G.					KANSAS DE	LPARTMEN	NT OF H	EALTH AND ENVIRONME	SNT		

