KOLAR DOC ID _____ WELL ID___

WATER WELL RECORD (WWC-5)

From _____ft. to _____ft.

LOCATION OF WATE	R WELL							Origin	al Recor	d Correction	Change	e in Wel	l Use
Latitude		ngitude			Section		Township		Range	E W Fraction	1/4	1/4	1/4
Datum	El	levation			County								
WATER WELL OWNE	R			WELL	WATER US	SE				NEAREST SOURCE OF PO	TENTIAL C	ONTAMIN	IATION
Name										Source:			
Business				COMP	LETION					Distance from well:			
						latad rival	1.		ft.	from well:	from wel	l:	
Address				Depth of completed well:ft. Depth(s) groundwater encountered:						Source description:			
				1 1						-			
Well location				(1) ft.; (2) ft.; (3) ft.; (4) dry well						Source:	Direction		
										from well:	from wel	l:	
at owner's				Static water level in well: ft. measured below land surface						Source			
address					easured be n (mm/dd/		i surface			description:			
CONSTRUCTION				m	easured ab	ove land	d surface			No potential source within 100 feet.	of contami	nation	
Borehole interval:		ehole dia	meter:	01	n (mm/dd/	/yy):				PERMIT & ID NUMBERS	(AS REOUI	RED)	
fromto	_ ft.		in.	Estin	nated yield:	:	_ gpm				(7.10 11.2.01	,	
fromto ft in.				Wate	Water level was:ft. afterhours					DWR Application No.:			
Casing height above land surface:in.				pumping gpm					m	KDHE / EPA Project Co			
If casing height is				Pump	installed?	? Yes	No			Site Name:			
has a variance been approved?* Yes No				Water well disinfected? Yes No						KDHE UIC Class V For	•		
*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:				Dute									
Blank casing interval	l :	ft. to	ft.	Aqui	fer, if know	vn:				# of boreholes:	# of dewater	ing wells:	
Blank casing diamete	er:i	n.		LITHO	LOGIC LO	G							
Casing joints:				FRO	м то) LIT	THOLOGY I	NTERVA	LS				
Weight:													
Wall thickness or													
Blank casing interval			ft.										
Blank casing diamete		n.											
Casing joints:													
Weight:													
Wall thickness or	gauge no.: _		_										
Grout interval:	ft. to	ft.											
Grout material:_													
Grout interval:				COM	MENTS								
Grout material:_													
Screen / perforation r				CONT	DACTOR		NDOWNER	CEDIL	ICATION.				
Screen / perforation							NDOWNER:				1	, 11	
Screen / perforation i Fromft. to							constructe		econstru	1			
Slot sizeit. to							nd was com	_		I certify that			
From ft. to					-		-			vell record was complete			
Slot size													
Gravel pack intervals				Kans	sas Water	Well C	ontractor's	License	No	under the auth	ority of the	e designa	ited
Gravel pack not u		vel size	in	perso	on as defi	ned in l	K.A.R. 28-3	30-2(j) a	nd signe	d and certified by the ele	ctronic sig	nature o	f the
From ft. t				desig	gnated pe	rson at	its submitt	al:		·			
Gravel pack not u		vel size	in	Send o	ne copy to	WATER	WELL OW	NER and	retain one	e for your records. Fee of \$5.	00 for each	constructe	ed well.

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
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