KOLAR DOC ID _____ WELL ID_

WATER WELL RECORD (WWC-5)

From _____ft. to _____ft.

LOCATION OF WATE	R WELL							Origina	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	evation			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:			
						atad wall			ft.	from well:	from wel	l:	
Address				Depth of completed well:ft. Depth(s) groundwater encountered:					ii.	Source description:			
				(1) ft.; (2) ft.;									
Well location				(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					easurea be n (mm/dd/		surrace			description:			
CONSTRUCTION				m	easured ab	ove land	surface			No potential source within 100 feet.	of contami	nation	
Borehole interval: Borehole diameter:				on (mm/dd/yy):					-	PERMIT & ID NUMBERS (AS REQUIRED)			
fromto	_ ft.		in.	Estim	ated 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 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:				Dute		a (IIIII) de							
Blank casing interval	l:1	ft. to	ft.	Aquit	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	HOLOGY 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:				COMM	MENTS								
Grout material:_													
Screen / perforation r				CONT	DA CTORIO		IDOMNIED	CEDILE	ICATION				
Screen / perforation							IDOWNER:					. 11	
Screen / perforation i Fromft. to							constructe		econstru	1			
Slot sizeit. to							d was com	_		I certify that			
From ft. to					-		-			well record was complete			
Slot size													
Gravel pack intervals				Kans	sas Water	Well Co	ontractor's	License	No	under the auth	ority of the	e designa	ated
Gravel pack not u		vel size	in	perso	on as defi	ned in K	C.A.R. 28-3	30-2(j) aı	nd signe	d and certified by the ele	ctronic sig	gnature o	f the
From ft. t				desig	gnated pe	rson at i	ts submitta	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
Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367
(785) 296-3565 | K.S.A. 82a-1212 | v2022c