KOLAR DOC ID _____ WELL ID_

WATER WELL RECORD (WWC-5)

From _____ ft. to _____ ft.

OCATION OF WATER WELI	L					Original F	Recor	d Co	rrection	Chang	e in Wel	ll Use
Latitude	Longitude		Section	n	Township	Ra	ange	E W	Fraction	1/4	1/4	1/4
Datum	Elevation		Coun	v	•			VV				
WATER WELL OWNER		W	ELL WATE	<u> </u>				NEAREST S	SOURCE OF	POTENTIAL C	ONTAMIN	IATIO
Name												
			OMBI ETIO									
Business			OMPLETIO					from well		Direction from we	ll:	
Address			Depth of completed well:ft. Depth(s) groundwater encountered:				t.	Source description	n:			
) ft.;			Source:				
Well location			(3)	t.; (4)	dry well			Distance		Direction from we	_	
at owner's address				d below	well: ft value land surface	t.		Source description		Hom we		
CONSTRUCTION					land surface					ce of contami	nation	
Borehole interval:	Borehole dia	meter:	on (mm				_	within	100 feet.			
fromto ft.		in.	Estimated v	ield:	gpm			PERMIT &	ID NUMBE	RS (AS REQU	IRED)	
fromtoft.			•		gpm ft. after	houre		DWR Apr	plication No).:		
	Į.		vvater rever							Code:		
Casing height above land surface:in. If casing height is less than 12 in.			pumping gpm Pump installed? Yes No					Site Name:				
has a variance been appr		s No	ump motu	icu.	103 110					Form Complet		No
*variance not required for monitoring			Water well disinfected? Yes No					County Permit: Yes No Permit ID:				
or environmental remed	liation wells		Date disinfe	cted (m	nm/dd/yy):		_	1		:		
Casing type:			Aquifer, if k					1		# of dewater		
Blank casing interval:												
Blank casing diameter:			THOLOGIC		T							
Casing joints:		— <u> </u>	FROM	то	LITHOLOGY II	NTERVALS						
Weight:lbs												
Wall thickness or gauge i												
Blank casing interval:		π.										
Blank casing diameter:												
Casing joints:		— <u> </u>										
Weight:lbs												
Wall thickness or gauge i	no.:											
Grout interval: ft. to												
Grout interval: ft. to												
Grout material:		C	OMMENTS									
Screen / perforation material:	:											
Screen / perforation opening	gs:	C	ONTRACTO	DR'S OI	RLANDOWNERS	CERTIFICA	TION					
Screen / perforation intervals	:	,	This water	well w	as constructed	d reco	nstru	cted 1	oursuant to	the stated w	ater well	
Fromft. to	ft.				se and was com			•		nat this recor		
Slot size unit _		1 1			owledge and be	=			•			
From ft. to		1 1		-	_				=			
Slot size unit _					ss name of							,
Gravel pack intervals:					ell Contractor's					•	_	
Gravel pack not used:	Gravel size	in 1	person as	lefined	l in K.A.R. 28-3	0-2(j) and	signe	d and certif	ied by the	electronic si	gnature o	f the
	ft.		designated	perso	n at its submitta	al:			·			
Gravel pack not used:	— Gravel size	in Se	end one cop	y to WA	TER WELL OW	NER and reta	ain one	e for your rec	ords. Fee of	\$5.00 for each	constructe	ed we

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