KOLAR DOC ID _____ WELL ID_

WATER WELL RECORD (WWC-5)

From _____ ft. to _____ ft.

OCATION OF WATER W	'ELL					Original Red	ord Co	orrection	Chang	je in We	ll Use	
Latitude	Longitude		Se	ection	Township	Rang	e E		1/4	1/4	1/4	
Datum	Elevation		C	ounty	_			•				
WATER WELL OWNER			WELL W	ATER USE			NEAREST	SOURCE OF	POTENTIAL O	ONTAMI	NATION	
Name							Source:					
Business			COMPLE	TION								
Address							from we	Distance Direction from well: from well:				
			Depth of completed well:ft. Depth(s) groundwater encountered:				Source descripti	Source description:				
			(1)	ft.; (2) ft.;		Source:					
Well location			(3) ft.; (4) dry well				Distance	Distance Direction from well:				
at owner's			Static water level in well: ft.					Source Irom wen:				
address			measured below land surface on (mm/dd/yy):				description:					
CONSTRUCTION			meas	sured abov	ve land surface				ce of contami	ination		
Borehole interval:	Borehole dia	meter:	on (1	mm/dd/yy	7):			n 100 feet.	DC /AC DEC:	IDED'		
fromto ft in.		in.	Estimated yield: gpm				PERMIT 8	PERMIT & ID NUMBERS (AS REQUIRED)				
fromto ftin.			Water level was: ft. after hours				DWR A	DWR Application No.:				
Casing height above land surface: in.			pumping gpm				KDHE /	KDHE / EPA Project Code:				
If casing height is less than 12 in.			Pump installed? Yes No				Site Nan	Site Name:				
has a variance been a		s No					KDHE U	JIC Class V F	Form 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: Lease Name & Well #:					
Casing type:	inculation wens		Date dis	infected (mm/dd/yy):							
Blank casing interval:	ft. to	ft.	Aquifer,	if known:	:		# of bore	eholes:	# of dewate	ring wells:		
Blank casing diameter:	in.		LITHOLO	GIC LOG								
Casing joints:			FROM	то	LITHOLOGY II	NTERVALS						
Weight:	lbs/ft.											
Wall thickness or gau	ge no.:											
Blank casing interval:	ft. to	ft.										
Blank casing diameter:	in.											
Casing joints:												
Weight:	_											
Wall thickness or gau	ge no.:											
Grout interval: ft	t. toft.											
Grout material:												
Grout interval: ft	t. toft.		COMME	NTC								
Grout material:			COIVITALE	11 J								
Screen / perforation mater												
Screen / perforation mater			CONTRA	CTOP'S C	OR LANDOWNERS	CERTIFICATION)N					
Screen / perforation open					was constructed			nurement to	the stated v	vator vvall	1	
Fromft. to								•				
Slot size un	<u> </u>				nse and was com	_		-			το	
From ft. to				-	nowledge and be			=				
Slot size un					ess name of						,	
Gravel pack intervals:			Kansas	Water W	Vell Contractor's	License No	ι	ınder the au	thority of th	ne designa	ated	
Gravel pack not used:	Gravel size	in	person	as define	ed in K.A.R. 28-3	0-2(j) and sig	ned and cert	ified by the	electronic si	gnature o	f the	
From ft. to			designa	ated perso	on at its submitta	ıl:		·				
Gravel pack not used:		. [Send one	copy to W	ATER WELL OW	NER and retain	one for your re	cords. Fee of	\$5.00 for each	constructe	ed well	

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

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