KOLAR DOC ID _____ WELL ID_

WATER WELL RECORD (WWC-5)

From _____ ft. to _____ ft.

LOCATION OF WATER	R WELL					C	Priginal Red	cord	Cor	rection	Chang	e in We	ll Use
Latitude	Longitude			Section	Tow	nship	Rang	ge	E W	Fraction	1/4	1/4	1/4
Datum	Elevation			County					**				
/ATER WELL OWNER			WELL WATER USE					NE	NEAREST SOURCE OF POTENTIAL CONTAMINATION				
Name								S	ource:				
Business			COMP	LETION				۱ _[— Distance		Directio		
Dusiness								$\neg \mid f$	rom well:		from we	ll:	
Address			Depth of completed well:ft. Depth(s) groundwater encountered:						ource escription	n.			
			1 -	-									
Well location			(1)ft.; (2)ft.; (3)ft.; (4) dry well					1 1					
								- f	Distance rom well:		Directio from we	n ll:	
at owner's					in well:				ource				
address				easured bel (mm/dd/y	low land surf /v):	ace			escriptio	n:			
CONSTRUCTION				•	ove land surf	ace					e of contami	nation	
Borehole interval:	Borehole di	ameter:	on	(mm/dd/y	yy):] <u>L</u>		100 feet.			
fromto	ft	in.	Estim	ated yield:	gpr	n		PE	RMIT &	D NUMBER	RS (AS REQU	IKED)	
fromtoftin.			Water level was: ft. afterhours					I	DWR Application No.:				
Casing height above land surface: in.			pumping gpm					F	KDHE / EPA Project Code:				
If casing height is less than 12 in.			Pump installed? Yes No					S	Site Name:				
has a variance bee		es No		11 1	C 10			- F	XDHE UI	C Class V F	orm Complet	ed: 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:	remediation wens		Date	lisinfected	(mm/aa/yy)	:							
Blank casing interval:	ft. to	ft.	Aquif	er, if know	n:			#	of boreh	oles:	# of dewate	ring wells:	
Blank casing diameter			LITHO	LOGIC LOG	G								
Casing joints:			FRO	и то	LITHOL	OGY IN	TERVALS						
Weight:	lbs/ft.												
Wall thickness or	gauge no.:												
Blank casing interval:	ft. to	ft.											
Blank casing diameter	r:in.												
Casing joints:													
Weight:													
Wall thickness or	gauge no.:												
Grout interval:	ft. toft.												
Grout material:													
Grout interval:	ft. toft.		COMM	FNTC									
Grout material:			COMM	ENIS									
Screen / perforation m													
Screen / perforation o							CERTIFICATIO						
Screen / perforation in			This	water well	l was cons	tructed	recons	tructe	d p	ursuant to	the stated v	vater well	l
Fromft. to			conti	actor's lic	ense and w	as comp	leted on			I certify th	at this recor	d is true	to
	_ unit		the b	est of my	knowledge	and beli	ief. This wate	er well	record v	vas comple	eted on		
Fromft. to			unde	r the busi	ness name	of							,
	_ unit		Kans	as Water \	Well Contra	actor's L	icense No		ur	nder the au	thority of th	e design	ated
Gravel pack intervals: Gravel pack not us		.	perso	n as defin	ned in K.A.	R. 28-30	-2(j) and sig	ned ar	nd certifi	ed by the e	electronic si	gnature c	f the
From ft. to		in	desig	nated per	son at its su	ıbmittal:							
Gravel pack not us		in	Send o	ne copy to V	WATER WEI	LL OWN	ER and retain	one for	your reco	ords. Fee of \$	5.00 for each	construct	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