KOLAR DOC ID \_\_\_\_\_ WELL ID\_

## **WATER WELL RECORD** (WWC-5)

From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

LOCATION OF WATER W	ELL				1	Origin	al Recor	rd Coi	rection	Change	e in We	ll Use
Latitude	Longitude		Section		Township		Range	E W	Fraction	1/4	1/4	1/4
Datum	Elevation		County		_			**				
WATER WELL OWNER		WE	L WATER U	SE				NEAREST S	OURCE OF I	POTENTIAL CO	ONTAMI	NATION
Name								Source:				
Business		COL	<b>APLETION</b>									
Dusiness								from well:		_ from wel	l:	
Address			Depth of completed well:ft.					Source descriptio	<b></b> .			
			Depth(s) groundwater encountered: (1) ft.; (2) ft.;					_				
Well location			(3)ft.; (4) dry well					I				
								Distance from well:		Directior from wel	ı l:	
at owner's address		Sta	Static water level in well: ft.					Source				
			measured below land surface on (mm/dd/yy):					descriptio	n: 			
CONSTRUCTION			measured at		d surface				ential sourc	e of contami	nation	
Borehole interval:	Borehole dia	meter:	on (mm/dd/	/yy):								
fromto ft.		in.	imated yield	:	gpm			PERMIT &	ID NUMBER	S (AS REQUI	RED)	
fromtoftin.			Water level was:ft. afterhours					DWR Application No.:				
Casing height above land surface: in.			pumping gpm					KDHE / EPA Project Code:				
If casing height is less than 12 in.			Pump installed? Yes No					Site Name:				
has a variance been approved?* Yes No			7.7. N. Iv. C 15					KDHE UIC Class V Form Completed: 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:	nectiation wens	Da	te disinfected	1 (mm/c	aa/yy):							
Blank casing interval:	ft. to	ft. Aq	uifer, if know	vn:				# of boreh	oles:	# of dewater	ing wells:	
Blank casing diameter:	in.	LITH	IOLOGIC LO	G								
Casing joints:		FF	ом то	LI	THOLOGY II	NTERVA	<b>LS</b>					
Weight:	lbs/ft.											
Wall thickness or gaug	ge no.:	_										
Blank casing interval: _		ft.										
Blank casing diameter: _												
Casing joints:												
Weight:	-											
Wall thickness or gaug	ge no.:											
Grout interval: ft	. toft.											
Grout material:												
Grout interval: ft	. toft.	COL	/MENTS									
Grout material:			MINICIALIA									
. <u>.</u>	_											
Screen / perforation mater												
Screen / perforation open					ANDOWNERS							. 1
Screen / perforation interv					constructed		reconstru	•		the stated w		
Fromft. to					and was com	_				at this record		
Slot size un From ft. to			-		ledge and be				_			
Slot size un					name of							
Gravel pack intervals:		Ka	nsas Water	Well C	Contractor's 1	License	No	ur	nder the au	thority of the	e design	ated
Gravel pack not used:	Gravel size	in   pe	rson as defi	ned in	K.A.R. 28-3	0-2(j) a	nd signe	d and certif	ied by the e	electronic sig	nature o	of the
From ft. to			signated pe	rson at	its submitta	d:			·			
Gravel pack not used:		in Sen	d one copy to	WATEI	R WELL OWN	NER and	retain one	e 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