KOLAR DOC ID _____ WELL ID_

WATER WELL RECORD (WWC-5)

OCATION OF WATER WELL	_				Orig	ginal Recor	d Correction	Change	ın Well	Us
Latitude	Longitude		S	ection	Township	Range	E W Fraction	1/4	1/4	1/2
Datum	Elevation		C	County						
VATER WELL OWNER			WELL W	ATER USE			NEAREST SOURCE OF PO	TENTIAL CO	NTAMINA	\TIC
Name							Source:			
Business			COMPL	FTION			Distance	Direction		
Dusiness							from well:	from well:		
Address			Depth of completed well:ft. Depth(s) groundwater encountered:				Source description:			
			(1) ft.; (2) ft.;				Source:			_
Well location					(4) dry well		Distance from well:	Direction		
at owner's address			mea	asured belo	in well: ft.		Source description:	nom wen.		
CONSTRUCTION				(mm/dd/y			No potential source	of contamina	ition	_
CONSTRUCTION Borehole interval: Borehole diameter:			measured above land surface on (mm/dd/yy):				No potential source of contamination within 100 feet.			
fromto ft.		in.	Estimated yield: gpm				PERMIT & ID NUMBERS (AS REQUIRED)			
fromto ft.						hours	DWR Application No:			
<u> </u>			Water level was:ft. afterhours				DWR Application No.:KDHE / EPA Project Code:			
Casing height above land surface:in.			pumpinggpm				Site Name:			
If casing height is less than 12 in. has a variance been approved?* Yes No			Pump installed? Yes No				KDHE UIC Class V Form Completed: Yes			
*variance not required for			Water	well disinfe	ected? Yes No		County Permit: Yes	-		
or environmental remed			Date di	sinfected (mm/dd/yy):		Lease Name & Well #: _			
Casing type:							# of boreholes:			
Blank casing interval:	ft. to	ft.	Aquife	r, if known	:		# Of boreffoles.	# or dewaterin	ig weils: _	
Blank casing diameter:	in.		LITHOL	OGIC LOG						
Casing joints:			FROM	то	LITHOLOGY INTE	RVALS				
Weight:lbs/	/ft.									
Wall thickness or gauge n	10.:									_
Blank casing interval:	ft. to	ft.								
Blank casing diameter:	in.									
Casing joints:										
Weight:lbs/	/ft.									
Wall thickness or gauge n	10.:									
Grout interval: ft. to	ft									
Grout material:										
Grout interval: ft. to										
Grout material:			COMME	NTS						
Screen / perforation material:										
Screen / perforation opening			CONTR	ACTOR'S	OR LANDOWNERS CEF	RTIFICATION				
Screen / perforation intervals:					was constructed	reconstru	cted pursuant to the	ne stated wa	ter well	
From ft. to							•			_
Slot size unit _					=		I certify that			
From ft. to				-	_		vell record was complete			
Slot size unit _										
Gravel pack intervals:			Kansa	s Water V	Vell Contractor's Lice	nse No	under the auth	ority of the	designat	ed
Gravel pack not used:	Gravel size		person	n as defin	ed in K.A.R. 28-30-2(j) and signed	d and certified by the ele	ctronic sign	ature of	th
From ft. to		m	design	ated pers	on at its submittal:					
Gravel pack not used:		2	Send on	e copy to V	VATER WELL OWNER		for your records. Fee of \$5.	.00 for each cc	nstructed	l w
From ft. to		III			KANSAS DEPAR	TMENT OF H	EALTH AND ENVIRONME ackson St., Suite 420, Tope	ENT		

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
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