_ WELL ID_

KOLAR DOC ID

Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367 (785) 296-3565 | K.S.A. 82a-1212 | v2022c

WATER WELL RECORD (WWC-5)

From _____ ft. to _____ ft.

LOCATION OF WATER WE	LL				Original Reco	rd Correction	Change	in We	ll Use
Latitude	Longitude		Section	Township	Range	E W Fraction	1/4	1/4	1/4
Datum	Elevation		County	1		VV			
WATER WELL OWNER		WEL	L WATER US	 E		NEAREST SOURCE OF PO	OTENTIAL CO	NTAMIN	NATION
Name						Source:			
Business		COM	IPLETION			Distance	Direction		
				tad wall:	from well:	_ from well:			
Address			Depth of completed well:ft. Depth(s) groundwater encountered:			Source description:			
		-		(2) ft.;	Source:				
Well location			(3) ft.; (4) dry well						
				in well:	from well:	from well:			
at owner's address				ow land surface	Source description:				
address			on (mm/dd/y						
CONSTRUCTION			measured above land surface			No potential source of contamination within 100 feet.			
Borehole diameter:			on (mm/dd/yy):			PERMIT & ID NUMBERS (AS REQUIRED)			
fromtoft.			,	gpm	,	DIAID Ameliantian N			
fromtoftin.			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 For		d: Yes	No
*variance not required for monitoring			Water well disinfected? Yes No			County Permit: Yes No Permit ID:			
or environmental remediation wells			Date disinfected (mm/dd/yy):			Lease Name & Well #:			
Casing type:	G 40	Agu	uifer, if knowi	ı·		# of boreholes:	# of dewateri	ng wells:	
Blank casing diameter:		_*"	OLOGIC LOC						
Casing joints:			OM TO	LITHOLOGY IN	NTFRVALS				
Weight:ll			- 10						
Wall thickness or gauge		_							
Blank casing interval:	ft. to	ft.							
Blank casing diameter:	in.								
Casing joints:									
Weight:ll									
Wall thickness or gauge	e no.:								
Grout interval: ft.	toft.								
Grout material:									
Grout interval: ft.		COM	IMENTS						
Grout material:									
Screen / perforation materia	. 1.								
Screen / perforation material			TRACTORS	OR LANDOWNERS	CERTIFICATION				
Screen / perforation opening				was constructed			he stated wa	iter well	
Fromft. to						. I certify that			
Slot size unit					•	•			
Fromft. toft.			the best of my knowledge and belief. This water well record was completed on under the business name of,						
Slot size unit						under the autl			, ,
Gravel pack intervals:									
Gravel pack not used: Gravel size in			person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the designated person at its submittal:						
From ft. to							. oo C		
Gravel pack not used:		in Send	one copy to \			e for your records. Fee of \$5 IEALTH AND ENVIRONMI		onstructe	ea well.
From ft to	ft.			MINORO DE	THE PERSON NAMED IN COLUMN		-14		

