_ 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 W | ELL | | | | Origina | al Recor | d Corre | ection | Change | e in We | ll Use |
|--|---------------|---------|-----------------------------------|---------------------------------|------------|------------|---|--------------|---------------|------------|----------|
| Latitude | Longitude | | Section | Townshi | ip | Range | E I | Fraction | 1/4 | 1/4 | 1/4 |
| Datum | Elevation | | County | | • | | VV | | | | |
| WATER WELL OWNER | | WEL | L WATER US | E | | | NEAREST SO | URCE OF P | OTENTIAL CO | ONTAMIN | NATION |
| Name | | | | | | | Source: | | | | |
| Business | | CON | 1PLETION | | | | Distance | | Direction | L | |
| Address | | | Depth of completed well:ft. | | | | from well:_ | | _ from well | : | |
| | | | Depth(s) groundwater encountered: | | | | Source description: | | | | |
| | | | | (2) ft.; | cu. | | Source: | | | | |
| Well location | | | (3) ft.; (4) dry well | | | | | | | | |
| | | | Static water level in well: ft. | | | | from well: | | from well | | |
| at owner's address | | | measured below land surface | | | | Source description: | | | | |
| | | | on (mm/dd/y | | | | | | | | |
| CONSTRUCTION | | | measured above land surface | | | | No potential source of contamination within 100 feet. | | | | |
| Borehole interval: | Borehole dia | | on (mm/dd/y | | | | PERMIT & ID | NUMBER! | S (AS REQUII | RED) | |
| fromtoft. | | | • | gpm | _ | | DIAZD 4 1 | antic :: 37 | | | |
| fromtoftin. | | | Water level was:ft. afterhours | | | | DWR Application No.: | | | | |
| Casing height above land surface:in. | | | pumping gpm | | | | KDHE / EPA Project Code: 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 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: | ft to | - Ag | uifer, if know | n: | | | # of borehole | es: | # of dewateri | ing wells: | |
| Blank casing diameter: | | | OLOGIC LO | | | | | | | | |
| Casing joints: | | | OM TO | | Y INTERVA | ıs | | | | | |
| Weight: | | | | | | | | | | | |
| Wall thickness or gau | | _ | | | | | | | | | |
| Blank casing interval: | ft. to | ft. | | | | | | | | | |
| Blank casing diameter: | in. | | | | | | | | | | |
| Casing joints: | | | | | | | | | | | |
| Weight: | _ | | | | | | | | | | |
| Wall thickness or gau | ge no.: | | | | | | | | | | |
| Grout interval: ft | . toft. | | | | | | | | | | |
| Grout material: | | | | | | | | | | | |
| Grout interval: ft | | CON | MENTS | | | | | | | | |
| Grout material: | | | | | | | | | | | |
| Saraan / manfamati | rial. | | | | | | | | | | |
| Screen / perforation mater Screen / perforation open | | | ITDACTOR'S | OR LANDOWNI | EDC CERTIF | ICATION | | | | | |
| Screen / perforation interv | | | | l was construc | | econstru | | rement to t | the stated wa | ntor wall | |
| Fromft. to | | | | | | | • | | | | |
| Slot size un | | | | ense and was c | - | | | • | | | |
| Fromft. to | | 1 1 | - | knowledge and ness name of _ | | | | _ | | | — |
| Slot size un | | | | | | | | | | | |
| Gravel pack intervals: | | | | Well Contracto | | | | | | | |
| Gravel pack not used: | Gravel size _ | in - | | ned in K.A.R. 2 | - | nd signe | d and certified | 1 by the el | ectronic sig | nature o | of the |
| From ft. to | | | | son at its subm | | | | <u></u> | | | |
| Gravel pack not used: | | in Send | one copy to | WATER WELL O | | | e for your record EALTH AND E I | | | onstructe | ed well. |
| From ft to | ft | 1 | | KANSAS | PLIVITINI | PTAT OL II | THE THE WIND E | A A TIKOTAMI | P111 | | |