KOLAR DOC ID _____ WELL ID_

WATER WELL RECORD (WWC-5)

From _____ ft. to _____ ft.

OCATION OF WATER W	VELL .		Original Reco			d Correction Change in V			e in Wel	ell Use	
Latitude	Longitude		S	ection	Township	Range	E W	Fraction	1/4	1/4	1/4
Datum	Elevation		C	County	-		VV				
WATER WELL OWNER				ATER USE			NEAREST S	OURCE OF I	POTENTIAL C	ONTAMIN	IATION
Name											
Business			COMPLI	ETION			Dietance		Direction	n	
Dustriess			COMPLETION				from well: from well:				
Address				Depth of completed well:ft.			Source description:				
			Depth(s) groundwater encountered:								
Well location				(1) ft.; (2) ft.; (3) ft.; (4) dry well			Source:				
Well location						Distance Direction from well:					
at owner's			Static water level in well: ft.				Source				
address			measured below land surface on (mm/dd/yy):				description:				
CONSTRUCTION					ve land surface				e of contami	nation	
Borehole interval: Borehole diameter:		meter:	on (mm/dd/yy):				within 100 feet.				
from to ft in.			Estimated yield:gpm				PERMIT & ID NUMBERS (AS REQUIRED)				
fromto ftin.			Water level was:ft. afterhours				DWR Application No.:				
·			pumping gpm				KDHE / EPA Project Code:				
Casing height above land surface:in. If casing height is less than 12 in.			Pump installed? Yes No				Site Name:				
has a variance been a		s No					KDHE UI	IC Class V Fo	orm Complete	ed: 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:Blank casing interval:	ft to		Aquife	r, if known:			# of boreh	oles:	# of dewater	ring wells:	
Blank casing diameter:		11.		OGIC LOG							
Casing joints:			FROM		LITHOLOGY INT	TEDWALC					
Weight:			FROM	10	LITHOLOGI INI	ENVALS					
Wall thickness or gau	_										
Blank casing interval:											
Blank casing diameter:											
Casing joints:											
Weight:											
Wall thickness or gau	ige no.:										
Grout interval:f Grout material:f											
Grout interval:											
Grout material:			COMME	NTS							
Grout material.											
Screen / perforation mate	erial:										
Screen / perforation oper			CONTRA	ACTOR'S C	R LANDOWNERS C	ERTIFICATION					
Screen / perforation inter			This w	ater well v	was constructed	reconstru	icted r	oursuant to	the stated w	ater well	
Fromft. to					nse and was compl		•				
Slot size u					nowledge and belie			-			-
From ft. to				-	ess name of			=			
Slot size ui	nit										
Gravel pack intervals:					Vell Contractor's Li				· ·	_	
Gravel pack not used:	: Gravel size	in	-		ed in K.A.R. 28-30-		d and certif	ied by the e	electronic sig	gnature o	t the
From ft. to	ft.				on at its submittal:			·			
Gravel pack not used	. Cassal sins	.	Send one	e copy to W	ATER WELL OWNE	ER and retain on	e for your rec	ords. Fee of \$	5.00 for each	constructe	d 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