WATER WELL RECORD (WWC-5)

KOLAR DOC ID_____ WELL ID_____

LOCATION OF WATER WELL

Latitude		Longitude		Section		Township		Range		E W	Fraction		¼	¼	¼
Datum		Elevation		County											

WATER WELL OWNER

Name	
Business	
Address	
Well location at owner's address	

WELL WATER USE

WELL INFORMATION

Depth of well: _____ ft.

___ Dry well

Static water level in well: _____ ft.

measured below land surface
on (mm/dd/yy): _____

measured above land surface
on (mm/dd/yy): _____

PERMIT & ID NUMBERS (AS REQUIRED)

DWR Application No.: _____

KDHE / EPA Project Code: _____

Site Name: _____

KDHE UIC Class V Form Completed: Yes   No

County Permit: Yes   No Permit ID: _____

Lease Name & Well #: _____

# of boreholes: _____   # of dewatering wells: _____

CASING

Type of blank casing used: _____

Casing type details: _____

Blank casing diameter: _____ inches

Was casing removed?   Yes   No

Top of casing is currently _____ feet

_____ ground

Reason required if top of casing is now less than 5 feet below ground surface for a hand dug well or less than 3 feet below ground surface for all other types of wells.

GROUT & PLUGGING MATERIALS

Grout or Plugging interval (ft.)		Material	Description
From	To		

COMMENTS

CONTRACTOR'S OR LANDOWNERS CERTIFICATION

This water well was plugged pursuant to the stated water well contractor's license and was completed on _____. I certify that this record is true to the best of my knowledge and belief. This water well record was completed on _____ under the business name of _____, Kansas Water Well Contractor's License No. _____ under the authority of the designated 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 _____.

Send one copy to WATER WELL OWNER and retain one for your records.