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)

LOCATION OF	WATER WELL	_					Or	iginal Record	d Co	orrection	Change	e in Wel	ll Use	
Latitude		Longitude			Section	То	wnship	Range	E	Fraction	1/4	1/4	1/4	
Datum		Elevation			County		T	8	V	V				
WATER WELL	OWNER				WELL WATER USE					NEAREST SOURCE OF POTENTIAL CONTAMINATION				
Name														
Business				COME	DI ETION				1		-			
Dustriess				COMPLETION Depth of completed well: ft.					from well: from well:					
Address				-	-	eted well: _ dwater enco		ft.	Source descripti	on:				
				(1)_	ft.;	(2)	_ ft.;		Source:					
Well location				(3)_	ft.;	(4) dry	well		·			1 1.		
at owner's address				Static water level in well: ft. measured below land surface on (mm/dd/yy):					Source description:					
CONSTRUCTION				n	measured above land surface				No potential source of contamination within 100 feet.					
Borehole interval: Borehole diameter:				on (mm/dd/yy):					PERMIT & ID NUMBERS (AS REQUIRED)					
fromtoftin. fromtoftin.					Estimated yield:gpm				DWD Application No.					
fromto		Wate	Water level was: ft. afterhours				DWR Application No.: KDHE / EPA Project Code:							
Casing height above land surface:in.					pumping gpm Pump installed? Yes No					Site Name:				
If casing height is less than 12 in. has a variance been approved?* Yes No				rump instaneu: Yes No					KDHE UIC Class V Form Completed: Yes No					
*variance	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:_	interval:	ft to		Agui	fer, if know	m:			# of bore	holes:	# of dewater	ing wells:		
_	diameter:		1ι.		LOGIC LO									
_	ints:			FRO			DLOGY INT	FRVAI S						
	lbs.				10		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
_	ness or gauge r													
	interval:													
Blank casing o	diameter:	in.												
Casing joi	ints:													
Weight:	lbs.	/ft.												
Wall thick	kness or gauge r	10.:	_											
Grout interva	ıl:ft. to	ft.												
Grout ma	terial:													
Grout interva	l: ft. to	ft.												
Grout ma	terial:			COMI	MENTS									
Screen / noufe	ration material:													
_	oration opening			CONT	RACTOR'S	ORLAND	OWNERS CI	ERTIFICATION						
_	ration opening					ll was cor		reconstruc	rtad	pursuant to t	the stated w	ator woll		
										•				
Fromft. toft. Slot size unit				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										
	ft. to				-	_				=			-	
Slot size unit				under the business name of										
Gravel pack intervals:				Kansas Water Well Contractor's License No under the authority of the designated										
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										
From ft. to ft.				designated person at its submittal:										
Gravel pack not used: Gravel size in				Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.										
From		KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT												