KOLAR DOC ID _____ WELL ID_

WATER WELL RECORD (WWC-5)

From _____ ft. to _____ ft.

OCATION OF WATER W	VELL .					Original Reco	ord Co	rrection	Chang	je in Wel	l Use
Latitude	Longitude		3	Section	Township	Range	E W	Fraction	1/4	1/4	1/4
Datum	Elevation		(County	-						
WATER WELL OWNER		l	WELL V	VATER USE			NEAREST S	SOURCE OF	POTENTIAL (ONTAMIN	IATION
Name							Source:				
Business			COMPL	FTION							
Dusiness			COMPLETION				Distance Direction from well: from well:				
Address			Depth of completed well:ft. Depth(s) groundwater encountered:				Source description:				
				(1) ft.; (2) ft.;			Source:				
Well location			(3) ft.; (4) dry well			Distance Direction from well:					
at owner's address			Static water level in well: ft. measured below land surface				Source description:				
TONICTION .			on	(mm/dd/y	y):		No no	tontial cours	ce of contam	ination	
CONSTRUCTION	D 1 1 1				ve land surface			100 feet.	e of contain	mation	
Borehole interval: Borehole diameter:			on (mm/dd/yy):				PERMIT & ID NUMBERS (AS REQUIRED)				
fromto ftin.			Estimated yield: gpm				DWR Application No.:				
fromto ft.			Water		ft. after		1	-			
Casing height above land surface:in.			pumping gpm Pump installed? Yes No				KDHE / EPA Project Code: Site Name:				
If casing height is less		a Na	Pump	installed?	Yes No						No
has a variance been approved?* Yes No *variance not required for monitoring			Water well disinfected? Yes No				KDHE UIC Class V Form Completed: Yes No County Permit: Yes No Permit ID:				
or environmental remediation wells			Date disinfected (mm/dd/yy):				Lease Name & Well #:				
Casing type:							I		# of dewate		
Blank casing interval:		ft.		er, if known							
Blank casing diameter:				OGIC LOG							
Casing joints:			FRON	и то	LITHOLOGY II	NTERVALS					
Weight:											
Wall thickness or gau Blank casing interval:	•										
Blank casing diameter:		1t.									
Casing joints:											
Weight:											
Wall thickness or gau	_										
Grout material											
Grout interval:											
Grout interval: f Grout material:			сомм	ENTS							
GIOUT IIIATEIIAI;											
Screen / perforation mate	erial:										
Screen / perforation oper			CONTR	ACTOR'S	OR LANDOWNERS	CERTIFICATIO	N				
Screen / perforation inter					was constructed			oursuant to	the stated v	vater well	
Fromft. to					ense and was com						
Slot size ur					ense and was com	_		-			
From ft. to				-	_			=			
Slot size ur					iess name of						,
Gravel pack intervals:					Vell Contractor's				•	_	
Gravel pack not used:	: Gravel size	in	-		ed in K.A.R. 28-3		ed and certif	ied by the	electronic si	gnature o	f the
From ft. to			design	nated pers	on at its submitta	ıl:		·			
Gravel pack not used:	Craval size	.	Send on	e copy to V	VATER WELL OW	NER and retain o	ne for your rec	ords. Fee of S	5.00 for each	constructe	ed 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