

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

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| |
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WELL INFORMATION

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|---|
| 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 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

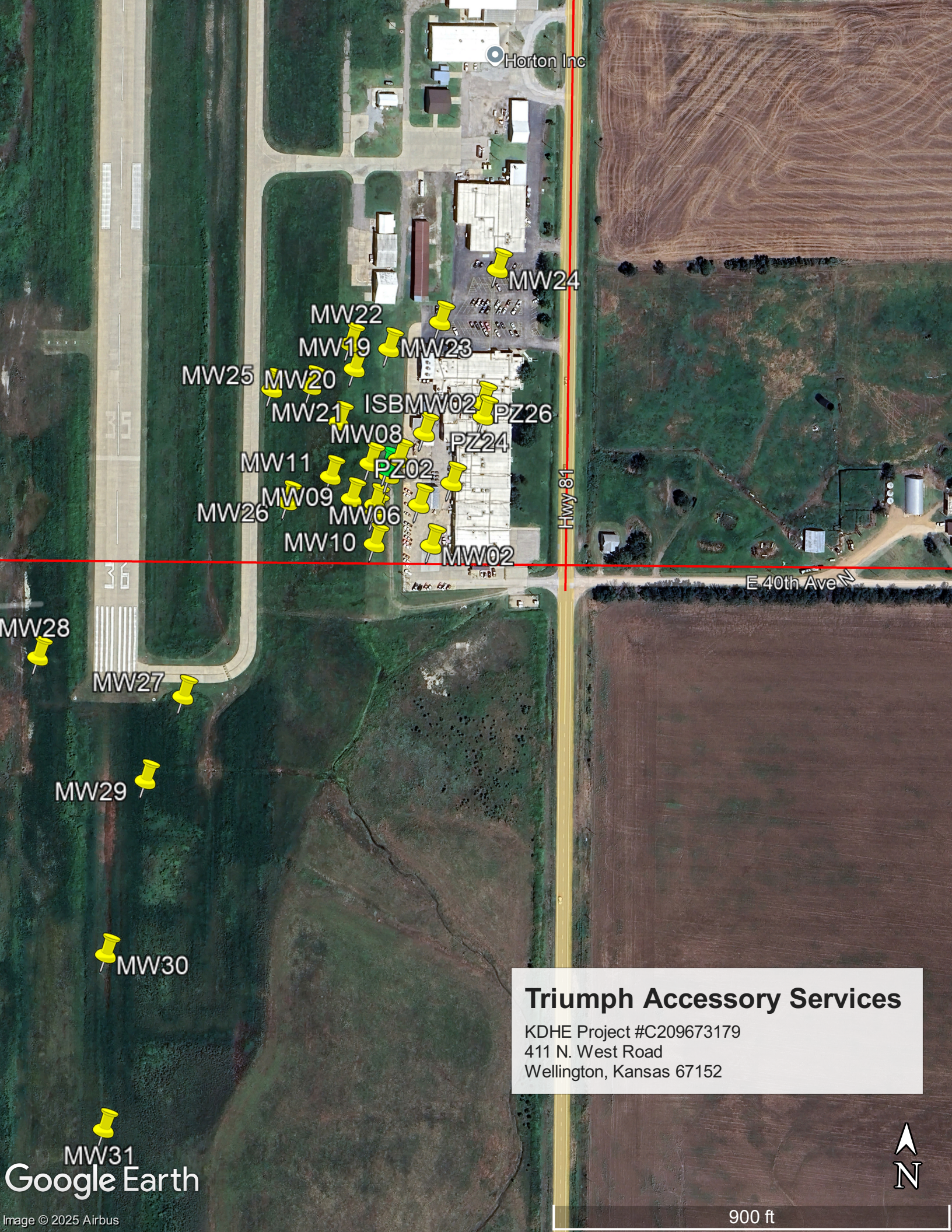
COMMENTS

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| |
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CONTRACTOR'S OR LANDOWNERS CERTIFICATION

| |
|--|
| <p>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 _____.</p> |
|--|

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



Horton Inc

MW24

MW22

MW19

MW23

MW25

MW20

MW21

ISB

MW02

PZ26

MW08

PZ24

MW11

PZ02

MW26

MW09

MW06

MW10

MW02

MW28

MW27

MW29

MW30

MW31

Triumph Accessory Services

KDHE Project #C209673179

411 N. West Road

Wellington, Kansas 67152

Google Earth



900 ft

Triumph Accessory Services

KDHE Project #C209673179
411 N. West Road
Wellington, Kansas 67152

