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	_					Ori	ginal Recor	d Co	orrection	Change	e in Wel	ll Use	
Latitude		Longitude			Section	Tow	nship	Range	E	Fraction	1/4	1/4	1/4	
Datum		Elevation			County		TF	8-	V	V				
WATER WELL O	OWNER				WELL WATER USE					NEAREST SOURCE OF POTENTIAL CONTAMINATION				
Name														
Business				COME	DI ETION				l		<b>-</b>			
Dustriess				COMPLETION  Depth of completed well: ft.					from well: from well:					
Address				-	-	eted well: dwater encou		ft.	Source descripti	on:				
				(1)_	ft.;	(2)	ft.;		Source:					
Well location				(3)_	ft.;	(4) dry w	rell		·			1 1.		
at owner's address				n	Static water level in well: ft.  measured below land surface on (mm/dd/yy):					Source description:				
CONSTRUCTION					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)					
from to ft in. from to ft in.				Estimated yield: gpm					DVID 4 II V V					
fromto		Wate	Water level was: ft. afterhours					DWR Application No.:						
Casing height above land surface:in.					pumpinggpm					KDHE / EPA Project Code: Site Name:				
If casing height is less than 12 in. has a variance been approved?* Yes No				Pump installed? Yes No					KDHE UIC Class V Form Completed: 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:_	nterval:	6. 4		Aqui	fer, if know	·n·			# of bore	holes:	# of dewater	ing wells:		
_	ntervai: liameter:		п.		LOGIC LO									
_	nts:			FRO			OGY INTE	PVAI S						
	lbs.			110	10	EIIIIO	.001 11112	INVALS						
_	ness or gauge r													
	nterval:													
Blank casing d	liameter:	in.												
Casing join	nts:													
Weight:	lbs	/ft.												
Wall thick	ness or gauge r	10.:												
Grout interval	l: ft. to	ft.												
Grout mat	erial:													
Grout interval	l: ft. to	ft.		5011	455156									
Grout mat	erial:			COMI	MENTS									
_	ration material:													
_	ration opening ration intervals:							RTIFICATION	. 1		1 , , 1	, 11		
						l was cons		reconstru		pursuant to t				
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										
					•	_				=			_	
Fromft. toft.  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 sizein				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												