KOLAR DOC ID _____ WELL ID_

WATER WELL RECORD (WWC-5)

From _____ ft. to _____ ft.

LOCATION OF WATER WE	LL				(Original Recor	d Correction	Change	e in Wel	l Use
Latitude	Longitude		Section	To	ownship	Range	E W Fraction	1/4	1/4	1/4
Datum	Elevation		County							
WATER WELL OWNER		WE	L WATER U	SE			NEAREST SOURCE OF PO	TENTIAL CO	ONTAMIN	IATION
Name							Source:			
Business		COI	APLETION				Distance from well:		<u>l</u>	
			Depth of completed well:ft.				from well:	from well	:	
Address			Depth(s) groundwater encountered:				Source description:			
			-					-		
Well location			(1) ft.; (2) ft.; (3) ft.; (4) dry well				Source:	Direction		
							from well:	from well		
at owner's address		Sta	Static water level in well: ft.				Source			
			measured below land surface on (mm/dd/yy):				description:			
CONSTRUCTION			measured a	bove land su	ırface		No potential source of within 100 feet.	of contamir	nation	
Borehole interval:	Borehole dia		on (mm/dd	/уу):	-		PERMIT & ID NUMBERS	(AS REQUI	RED)	
fromto ft.		in. Est	imated yield	l: g	pm			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
fromto ft in.			Water level was: ft. afterhours				DWR Application No.:			
Casing height above land surface:in.			pumping gpm				KDHE / EPA Project Code:			
If casing height is less than 12 in.			Pump installed? Yes No				Site Name:			
has a variance been approved?* Yes No			Water well disinfected? Yes No				KDHE UIC Class V Form Completed: Yes No			
*variance not required for monitoring or environmental remediation wells			Date disinfected (mm/dd/yy):				County Permit: Yes No Permit ID: Lease Name & Well #:			
Casing type:					,,					
Blank casing interval:	ft. to	ft. Aq	uifer, if knov	vn:			# of boreholes: #	of dewater	ing wells:	
Blank casing diameter:	in.	LITH	IOLOGIC LO	OG						
Casing joints:		FF	ROM TO	LITH	DLOGY IN	TERVALS				
Weight:l										
Wall thickness or gaug										
Blank casing interval:		ft.								
Blank casing diameter:										
Casing joints:										
Weight:l										
Wall thickness or gaug	e no.:									
Grout interval: ft.	toft.									
Grout material:										
	toft.	COI	MENTS	<u> </u>						
Grout material:										
	•									
Screen / perforation materi			ITD A CTOO!	C OD ! ***	OWNERS	CERTIFICATIO:				
Screen / perforation openi						CERTIFICATION				
Screen / perforation interva			is water we				1			
Fromft. to					-		I certify that			
Slot size unit			-	_			well record was complete			
Slot size uni										
Gravel pack intervals:		Ka	nsas Water	Well Cont	tractor's L	icense No	under the auth	ority of the	e designa	ated
Gravel pack not used:	Gravel size	in pe	rson as def	ined in K.A	A.R. 28-30	0-2(j) and signed	d and certified by the ele	ctronic sig	nature o	f the
From ft. to	ft.		signated pe	erson at its	submittal	<u>:</u>				
Gravel pack not used:	Gravel size	in Sen	d one copy to	WATER W	ELL OWN	ER and retain one	e for your records. Fee of \$5.0	00 for each o	constructe	ed well.

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
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