KOLAR DOC ID _____ WELL ID_

WATER WELL RECORD (WWC-5)

From _____ ft. to _____ ft.

LOCATION OF WATER W	'ELL				(Original	Reco	rd Co	rrection	Change	e in We	ll Use
Latitude	Longitude		Section		Township		Range	E W	Fraction	1/4	1/4	1/4
Datum	Elevation		County									
WATER WELL OWNER		W	ELL WATER	JSE				NEAREST S	OURCE OF P	OTENTIAL C	ONTAMI	NATION
Name								Source:				
Business		C	OMPLETION								ı	
				.1.4.1	11		4	from well		_ from wel	l:	
Address		I	Depth of completed well:ft. Depth(s) groundwater encountered:					Source description	n:			
Well location			(1) ft.; (2) ft.;					Source:				
			(3) ft.; (4) dry well					Distance Direction from well:				
at owner's address			Static water level in well: ft. measured below land surface on (mm/dd/yy):					Source description:				
CONSTRUCTION					land surface					e of contami	nation	
Borehole interval:	Borehole dia	meter:	on (mm/d						100 feet.			
fromtoft.		in.	Estimated yiel	d:	gpm			PERMIT &	ID NUMBER	S (AS REQUI	RED)	
fromto ft.					ft. after	hou	rs	DWR Ap	plication No.:	<u> </u>		
Casing height above land		pumping gpm					KDHE / EPA Project Code:					
If casing height is less than 12 in.			Pump installed? Yes No					Site Name:				
has a variance been a		s No						KDHE U	IC Class V Fo	orm Complete	ed: Yes	No
*variance not required for monitoring or environmental remediation wells			Water well disinfected? Yes No Date disinfected (mm/dd/yy):					County Permit: Yes No Permit ID:				
Casing type:	nediation wens		Date disinfect	ed (mr	m/dd/yy):							
Blank casing interval:	ft. to	ft.	Aquifer, if kno	wn:				# of boreh	ioles:	# of dewater	ing wells:	
Blank casing diameter:			THOLOGIC L	OG								
Casing joints:			FROM T	О	LITHOLOGY IN	NTERVAL	S					
Weight:	lbs/ft.											
Wall thickness or gau	ge no.:	_										
Blank casing interval:	ft. to	ft.										
Blank casing diameter:	in.											
Casing joints:		_										
Weight:	_											
Wall thickness or gau	ge no.:											
Grout interval: ff	t. toft.											
Grout material:												
Grout interval:f	t. toft.											
Grout material:			OMMENTS									
Screen / perforation mate												
Screen / perforation open		C	ONTRACTOR	'S OR	LANDOWNERS	CERTIFIC	CATION					
Screen / perforation interv			This water w	ell wa	as constructed	d red	constru	icted p	oursuant to	the stated w	ater wel	l
Fromft. to			contractor's	licens	e and was com	pleted on	ı	·	I certify tha	at this record	d is true	to
Slot size ur		t	he best of m	ıy kno	owledge and be	elief. This	water v	well record	was comple	ted on		
From ft. to		1	ınder the bu	sines	s name of							,
Slot size ur		Kansas Water Well Contractor's License No under the authority of the designated										
Gravel pack intervals:	Carrel -!	.	erson as de	fined	in K.A.R. 28-3	0-2(j) an	d signe	d and certif	ied by the e	lectronic sig	nature c	of the
Gravel pack not used: From ft. to	in	designated person at its submittal:										
Gravel pack not used:					TER WELL OWN		etain on	e for your rec	ords. Fee of \$	5.00 for each	construct	ed well

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

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