KOLAR DOC ID _____ WELL ID_

WATER WELL RECORD (WWC-5)

LOCATION OF WATI	ER WELL					Original Recor	rd Correction	Change	e in Wel	ll Use
Latitude	Longitude		Sec	tion	Township	Range	E W Fraction	1/4	1/4	1/4
Datum	Elevation		Cor	inty			VV			
WATER WELL OWNE	R		WELL WA	ER USE			NEAREST SOURCE OF PO	OTENTIAL C	ONTAMIN	IATION
Name							Source:			
Business			COMPLET	ION			Distance	Direction		
Busiliess							Distance from well:	from well	l:	
Address			-	-	ed well:		Source			
			-	-	vater encountered	:	description:			
XA7-11 1 4 :					(2) ft.;		Source:			
Well location					4) dry well		Distance from well:	Direction from well	1 l:	
at owner's			Static wat	er level i	n well:	ft.	Source	. Hom we		
address					w land surface		description:			
CONSTRUCTION				m/dd/yy	_		No potential source	of contami	nation	
Borehole interval: Borehole diameter:			measured above land surface on (mm/dd/yy):				within 100 feet.			
fromto							PERMIT & ID NUMBERS	(AS REQUI	RED)	
fromto					gpm	,	DWR Application No.:			
			Water lev		ft. after					
Casing height above land surface:in.			pumping gpm Pump installed? Yes No			gpm	KDHE / EPA Project Code:			
If casing height is less than 12 in. has a variance been approved?* Yes No			Pump ins	taneas	Yes No		KDHE UIC Class V For			No.
	quired for monitoring		Water we	l disinfe	cted? Yes N	lo l	County Permit: Yes	-		
	al remediation wells		Date disi	nfected (mm/dd/yy):		Lease Name & Well #:			
Casing type:										
Blank casing interva	l:ft. to	ft.	Aquifer, i	f known:	:		# of boreholes:	# of dewater	ing wells:	
Blank casing diamet	er:in.		LITHOLOG	IC LOG						
Casing joints:			FROM	то	LITHOLOGY	INTERVALS				
Weight:	lbs/ft.									
Wall thickness o	r gauge no.:									
Blank casing interva	l:ft. to	ft.								
Blank casing diamet	er:in.									
Casing joints:										
Weight:	lbs/ft.									
Wall thickness o	r gauge no.:									
Grout interval:	ft to ft									
Grout interval:										
	10.1010.		COMMEN	ΓS						
Grout muterum_										
Screen / perforation :	material:									
_	openings:		CONTRAC	TOR'S C	OR LANDOWNER	S CERTIFICATION				
Screen / perforation					was constructe			he stated w	ater well	
Fromft. to							•			
	nt. unit					_	I certify that			
From ft. to				-	_		well record was complet			
	n. unit									
Gravel pack interval			Kansas V	Vater W	Vell Contractor's	License No	under the autl	nority of the	e designa	ated
-	s: used:		person a	s define	ed in K.A.R. 28-	30-2(j) and signe	d and certified by the el	ectronic sig	nature o	f the
From ft.		in	designat	ed pers	on at its submitt	al:				
	toπ. used: Gravel size						e for your records. Fee of \$5	5.00 for each	constructe	ed well
		in		17 /			EALTH AND ENVIRONMI			
From ft.	ιο It.			Bureau	of Water, Geology	Section, 1000 SW	Jackson St., Suite 420, Tope	ka KS 66612	-1367	

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