\_ 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)

From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

LOCATION OF	WATER WEL	L				(	Original Reco	rd Co	rrection	Chang	e in We	ll Use
Latitude		Longitude		Sec	ction	Township	Range	E W	Fraction	1/4	1/4	1/4
Datum		Elevation		Co	unty	_						
WATER WELL	R WELL OWNER			WELL WATER USE				NEAREST SOURCE OF POTENTIAL CONTAMINATION				
Name								Source:				
Business				COMPLET	TION			Distance		Direction	n	
***						ad walls	6	from well	:	_ from wel	ll:	
Address				Depth of completed well:ft.  Depth(s) groundwater encountered:			Source description	nn·				
				(1) ft.; (2) ft.;								
Well location				(3) ft.; (4) dry well							<u> </u>	
								from well	:	_ from wel	ll:	
at owner's address				Static water level in well: ft.  measured below land surface				Source				
				on (mm/dd/yy):				description	on: 			
CONSTRUCTION	NC					e land surface			tential source 1 100 feet.	of contami	nation	
Borehole interval: Borehole diameter:			meter:	on (mm/dd/yy):								
fromto ft in.				Estimated yield: gpm				PERMIT & ID NUMBERS (AS REQUIRED)				
fromto ft in.				Water level was:ft. afterhours				DWR Application No.:				
Casing height above land surface: in.				pumpinggpm				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				777. 11.11.1.6.1.1277				KDHE UIC Class V Form Completed: Yes No				No
*variance not required for monitoring or environmental remediation wells				Water well disinfected? Yes No				County Permit: Yes No Permit ID:				
Casing type:				Date disinfected (mm/dd/yy):				Lease Name & Well #:				
	interval:	ft. to	ft.	Aquifer,	if known:			# of boreh	noles:	# of dewater	ring wells:	
Blank casing o				LITHOLO	GIC LOG							
_				FROM	то	LITHOLOGY IN	ITERVALS					
	lb											
Wall thick	ness or gauge	no.:										
Blank casing i	interval:	ft. to	ft.									
Blank casing o	diameter:	in.										
Casing joi	nts:											
Weight:	lb	s/ft.										
Wall thick	ness or gauge	no.:	_									
Grout interva	l: ft. to	o ft.										
	terial:											
Grout interva												
	terial:			COMMEN	ITS							
Screen / perfo	ration materia	l:										
Screen / perfo	ration openin	gs:		CONTRA	CTOR'S O	R LANDOWNERS	CERTIFICATION	1				
Screen / perfo	ration interval	s:		This wa	ter well v	was constructed	reconstr	ucted 1	oursuant to	the stated w	ater well	
	ft. to					nse and was comp		•				
Slot size	unit					nowledge and bel			•			
From	_ ft. to	_ft.		1		ess name of						
Slot size	unit											
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.				on at its submittal			·			
Gravel pac	ck not used:	Gravel size	in	Send one	copy to W	ATER WELL OWN		•			construct	ed wel
From	ft to	ft				KANSAS DEI	PARTMENT OF I	HEALTH AND	ENVIRONM	ENT		