_ WELL ID_

KOLAR DOC ID

(785) 296-3565 | K.S.A. 82a-1212 | v2022c

WATER WELL RECORD (WWC-5)

LOCATION OF WATER WEL	L					Original Reco	rd Correction	Change	in We	ll Use
Latitude	Longitude		S	ection	Township	Range	E Fraction	1/4	1/4	1/4
Datum	Elevation			County		8	W			
WATER WELL OWNER	210 vacion			ATER USE			NEAREST SOURCE OF PO	TENTIAL CO	NITAMIN	MATION
				ATEN OSE	-					ATTON
Name							Source:	Direction		
Business			COMPL	ETION			from well:	from well		
Address			Depth	of complet	ed well:	ft.	Source			
			1 -		water encountered:		description:			
			(1)	ft.;	(2) ft.;		Source:			
Well location			-		(4) dry well		Distance from well:	Direction from well		
at owner's address			mea		in well: f ow land surface	t.	Source description:			
CONSTRUCTION	1		mea	sured abo	ve land surface		No potential source within 100 feet.	of contamir	ation	
Borehole interval: Borehole diameter:			on (mm/dd/yy):			PERMIT & ID NUMBERS (AS REQUIRED)				
fromtoft.		in.	Estima	ted yield: _	gpm		LUMIT & ID NUMBERS	(A3 REQUII	(LU)	
fromto ft.		in.	Water l	evel was:	ft. after	hours	DWR Application No.:_			
Casing height above land sur	in.	pumpinggpm				KDHE / EPA Project Code:				
If casing height is less that		Pump i	nstalled?	Yes No		Site Name:				
has a variance been approved?* Yes No					. 10		KDHE UIC Class V For	•		
*variance not required fo		Water well disinfected? Yes No				County Permit: Yes				
or environmental remediation wells Casing type:			Date disinfected (mm/dd/yy):				Lease Name & Well #:			
Blank casing interval:	ft. to	ft.	Aquife	r, if known	:		# of boreholes:	# of dewater	ng wells:	
Blank casing diameter:			LITHOL	OGIC LOG	 i					
Casing joints:			FROM	то	LITHOLOGY I	NTERVALS				
Weight: lbs	s/ft.									
Wall thickness or gauge										
Blank casing interval:	ft. to	ft.								
Blank casing diameter:	in.									
Casing joints:										
Weight:lbs	s/ft.									
Wall thickness or gauge	no.:									
Grout interval: ft. to	, ft									
Grout material:										
Grout interval: ft. to										
Grout material:			COMME	NTS						
Screen / perforation material	:									
Screen / perforation opening	gs:		CONTRA	ACTOR'S	OR LANDOWNER:	CERTIFICATION	I			
Screen / perforation intervals			This w	ater well	was constructed	d reconstru	ucted pursuant to the	he stated wa	ater well	
Fromft. to	ft.						. I certify that			
Slot size unit _						•	well record was complete			
Fromft. to				•			wen record was complete			
Slot size unit _										
Gravel pack intervals:							under the auth	•	_	
Gravel pack not used:	Gravel size	in	-				ed and certified by the ele	ectronic sig	nature o	f the
From ft. to			design	ated pers	on at its submitt	al:	· · · · · · · · · · · · · · · · · · ·			
Gravel pack not used:		in	Send one	e copy to V	VATER WELL OW	NER and retain on	e for your records. Fee of \$5	.00 for each c	onstructo	ed well.
From ft. to				Bureau			HEALTH AND ENVIRONME Jackson St., Suite 420, Tope		-1367	