KOLAR DOC ID _____ WELL ID_

WATER WELL RECORD (WWC-5)

LOCATION OF WATER WELL	_					Original Recor	d Correction	Change	in Wel	l Use
Latitude Datum	Longitude Elevation		Sect		Township	Range	E Fraction	1/4	1/4	1/4
WATER WELL OWNER			WELL WAT	ER USE			NEAREST SOURCE OF PO	TENTIAL CO	NTAMIN	IATION
Name							Source:			
Business			COMPLET	ON			Distance from well:			
			Depth of	complete	d well:	ft		from well:		
Address					ater encountered		Source description:			
			1 -	-	2) ft.;		Source:			
Well location					dry well		Distance	Dinastian		
					n well:1	3	from well:	from well:		
at owner's address			measu		w land surface	τ.	Source description:			
CONSTRUCTION							No potential source	of contamina	ation	
Borehole interval: Borehole diameter:			measured above land surface on (mm/dd/yy):				within 100 feet.			
fromto ft.		in.			gpm		PERMIT & ID NUMBERS	(AS REQUIR	ED)	
fromto ft.			1		gpm ft. after	hours	DWR Application No.:			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		pumping	I .	KDHE / EPA Project Co			
Casing height above land surface:in. If casing height is less than 12 in.			Pump installed? Yes No			OI	Site Name:			
has a variance been approved?* Yes No			1				KDHE UIC Class V For			No
*variance not required for monitoring			Water well disinfected? Yes No				County Permit: Yes No Permit ID:			
or environmental remediation wells			Date disinfected (mm/dd/yy):				Lease Name & Well #:			
Casing type:Blank casing interval:	ft to		Aquifer, if	known:			# of boreholes:	# of dewaterii	ng wells:	
Blank casing diameter:			LITHOLOG							
Casing joints:			FROM	TO	LITHOLOGY	NTFRVAI S				
Weight: lbs.			T ItOM		Limbedia	MILKVALS				
Wall thickness or gauge r										
Blank casing interval:										
Blank casing diameter:	in.									
Casing joints:										
Weight:lbs	/ft.									
Wall thickness or gauge r	10.:	_								
Grout interval: ft. to	ft.									
Grout material:										
Grout interval: ft. to										
Grout material:			COMMEN	rs						
Screen / perforation material:										
Screen / perforation opening						S CERTIFICATION				
Screen / perforation intervals:			This water	er well v	vas constructe	d reconstru	cted pursuant to the	ne stated wa	ter well	
Fromft. to						=	I certify that			
Slot size unit _			the best	of my kı	nowledge and b	elief. This water v	vell record was complete	ed on		
From ft. to	•		under th	e busine	ess name of					,
Slot size unit _			Kansas V	Vater W	ell Contractor's	License No	under the auth	ority of the	designa	ated
Gravel pack intervals: Gravel pack not used:	Graval aire	.	person a	s define	d in K.A.R. 28-	30-2(j) and signed	d and certified by the ele	ectronic sigr	nature o	f the
From ft. to		in	designate	ed perso	on at its submitt	al:	· 			
Gravel pack not used:							e for your records. Fee of \$5	.00 for each co	onstructe	ed well.
From ft. to		in		• •			EALTH AND ENVIRONME			
110111 IL. 10	_ 11.			Bureau o	of Water, Geology	Section, 1000 SW J	ackson 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