KOLAR DOC ID _____ WELL ID_

WATER WELL RECORD (WWC-5)

From _____ ft. to _____ ft.

LOCATION OF WATER WEL	L		Original Record Correction Change						e in Wel	n Well Use
Latitude	Longitude			Section	Township	Range	E W Fraction	1/4	1/4	1/4
Datum	Elevation			County						
WATER WELL OWNER			WELL \	NATER USI	 E		NEAREST SOURCE OF P	OTENTIAL C	ONTAMIN	ATIO
Name							Source:			
			COMP	FTION			Distance	Direction	1	
Business			COMPLETION				from well: from well:			
Address			Depth of completed well:ft.				Source			
			Depth(s) groundwater encountered:			description:				
747 II 1			(1) ft.; (2) ft.;				Source:			
Well location			(3) ft.; (4) dry well			Distance Direction from well:				
at owner's			Static water level in well: ft.				Source	_ Holli wei	1	
address					ow land surface	description:				
CONSTRUCTION				(mm/dd/y			No potential source	of contami	nation	
Borehole interval:	Parahala dia	matari		easured abo (mm/dd/y	ve land surface		within 100 feet.	01 0011111111		
							PERMIT & ID NUMBERS (AS REQUIRED)			
fromtoftin.			Estimated yield:gpm				DIAM Analization No.			
fromtoftin.			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: KDHE UIC Class V Form Completed: Yes N			N.I.	
has a variance been approved?* Yes 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:					· ///		# of boreholes:			
Blank casing interval:	ft. to	ft.	Aquif	er, if known	1:		# Of Dorchoics.	# of dewater	ing wens:	
Blank casing diameter:	in.		LITHOI	OGIC LOG	i					
Casing joints:			FROM	и то	LITHOLOGY IN	ITERVALS				
Weight:lbs										
Wall thickness or gauge										
Blank casing interval:		ft.								
Blank casing diameter:										
Casing joints:										
Weight:lbs										
Wall thickness or gauge	no.:									
Grout interval: ft. to	ft.									
Grout material:										
Grout interval: ft. to	ft.									
Grout material:			COMM	ENTS						
Screen / perforation material	:									
Screen / perforation opening	gs:		CONTR	RACTOR'S	OR LANDOWNERS	CERTIFICATION	I			
Screen / perforation intervals	S:		This	water well	was constructed	reconstru	ucted pursuant to	the stated w	ater well	
Fromft. to	_ft.		contr	actor's lice	ense and was comp	oleted on	I certify tha	t this record	d is true t	ю
Slot size unit _					_		well record was complet			
From ft. to	_ft.			•	_					
Slot size unit _							under the aut			
Gravel pack intervals:									_	
Gravel pack not used:	Gravel size _	in	-			, .	ed and certified by the el	ectronic sig	gnature of	ı tne
From ft. to	ft.				son at its submitta		·			
Gravel pack not used:	Gravel size	in	Send or	ne copy to V	VATER WELL OWN	IER and retain on	e for your records. Fee of \$5	5.00 for each	constructe	d we

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