\_ 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 WELI  | L                                     |         |  |                      | Original Reco | rd Correction  | Change         | in We     | ll Use    |
|---|---------------------------------------|---------|--|----------------------|---------------|--|----------------|-----------|-----------|
| Latitude  | Longitude                             |         | Section  | Township             | Range         | E<br>W Fraction  | 1/4            | 1/4       | 1/4       |
| Datum   | Elevation                             |         | County   |                      |               | VV   |                |           |           |
| WATER WELL OWNER  |                                       | WE      | LL WATER US  | <br>SE               |               | NEAREST SOURCE OF PO                                   | OTENTIAL CO    | NTAMIN    | NATION    |
| Name  |                                       |         |  |                      |               | Source:  |                |           |           |
| Business  |                                       | COI     | MPLETION   |                      |               | Distance   | Direction      |           |           |
| Address   |                                       |         | Depth of completed well:ft.  |                      |               | from well:   | from well:     |           |           |
|   |                                       |         | Depth(s) groundwater encountered:  |                      |               | Source description:                                    |                |           |           |
|   |                                       |         | (1) ft.; (2) ft.;  |                      |               | Source:  |                |           |           |
| Well location   |                                       |         | (3) ft.; (4) dry well  |                      |               |  | - ·            |           |           |
|   |                                       |         | Static water level in well: ft.  |                      |               | from well:   | from well:     | :         |           |
| at owner's<br>address   |                                       |         | measured below land surface  |                      |               | Source description:                                    |                |           |           |
| CONSTRUCTION  |                                       |         | on (mm/dd/   |                      |               | No potential source                                    | of contamin    | ation     |           |
| Borehole interval:  | Borehole interval: Borehole diameter: |         | measured above land surface<br>on (mm/dd/yy):  |                      |               | within 100 feet.                                       |                |           |           |
| fromto ft.  |                                       | in. Est | timated vield  | gpm                  |               | PERMIT & ID NUMBERS                                    | (AS REQUIR     | RED)      |           |
| fromto ft in.   |                                       |         | Water level was:ft. afterhours   |                      |               | DWR Application No.:                                   |                |           |           |
| Casing height above land surface: in.                                       |                                       |         | pumping gpm  |                      |               | 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                                       |                                       |         |  |                      |               | KDHE UIC Class V Form Completed: Yes No                |                |           |           |
| *variance not required for monitoring<br>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 #: # of dewatering wells:            |                |           |           |
| Blank casing interval:  | ft. to                                | ft. Aq  | uifer, if know   | n:                   |               | # of boreholes:  | # of dewateri  | ng wells: |           |
| Blank casing diameter:  | in.                                   | LITH    | HOLOGIC LO   | G                    |               |  |                |           |           |
| Casing joints:  |                                       | FF      | ком то   | LITHOLOGY            | NTERVALS      |  |                |           |           |
| Weight:lbs  | s/ft.                                 |         |  |                      |               |  |                |           |           |
| Wall thickness or gauge   |                                       |         |  |                      |               |  |                |           |           |
| Blank casing interval:  |                                       | ft.     |  |                      |               |  |                |           |           |
| Blank casing diameter:  |                                       |         |  |                      |               |  |                |           |           |
| Casing joints:  |                                       |         |  |                      |               |  |                |           |           |
| Weight:lbs  |                                       |         |  |                      |               |  |                |           |           |
| Wall thickness or gauge   |                                       |         |  |                      |               |  |                |           |           |
| Grout interval: ft. to  |                                       |         |  |                      |               |  |                |           |           |
| Grout material:   |                                       |         |  |                      |               |  |                |           |           |
| Grout interval: ft. to  |                                       | cor     | MMENTS   |                      |               |  |                |           |           |
| Grout material:   |                                       |         |  |                      |               |  |                |           |           |
| Screen / perforation material   | :                                     |         |  |                      |               |  |                |           |           |
| Screen / perforation opening  | <br>ζs:                               | COI     | NTRACTOR'S   | OR LANDOWNERS        | CERTIFICATION | <u> </u>   |                |           |           |
| Screen / perforation intervals  |                                       |         | is water we  | ll was constructed   | d reconstru   | icted pursuant to tl                                   | he stated wa   | iter well |           |
| Fromft. to  | _ft.                                  |         |  |                      |               | . I certify that                                       |                |           |           |
| Slot size unit _  |                                       | 1 1     |  |                      | •             | well record was complete                               |                |           |           |
| From ft. to   | _ft.                                  |         | -  | _                    |               | wen record was compress                                |                |           |           |
| Slot size unit _  |                                       |         |  |                      |               |  |                |           | ,<br>ated |
| Gravel pack intervals:  |                                       | ne      | Kansas Water Well Contractor's License No under the authority of the designated person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the |                      |               |  |                |           |           |
| Gravel pack not used:   |                                       | in   -  |  | rson at its submitta | -             | a and certified by the ele                             | cerome sign    | iaiuit () | ,1 tile   |
| From ft. to   |                                       |         |  |                      |               | e for your records. Fee of \$5                         | 00 for as ab - | onetwo of | ad virall |
| Gravel pack not used:   | Gravel size _                         | in      | а опе сору то  |                      |               | e for your records. Fee of \$5<br>IEALTH AND ENVIRONME |                | onsu ucte | ca well.  |