KOLAR DOC ID _____ WELL ID_

WATER WELL RECORD (WWC-5)

From _____ ft. to _____ ft.

OCATION OF WATER WELL	_		Original Reco				rd Correction		Change in Well Use		
Latitude	Longitude		Section	Town	ship	Range	E W	Fraction	1/4	1/4	1/4
Datum	Elevation		County								
VATER WELL OWNER		V	ELL WATER U	SE			NEAREST S	OURCE OF I	POTENTIAL C	ONTAMIN	ATIO
Name											
Business			OMPLETION				Dietance		Direction	2	
Dustiless						.]	from well:		_ from wel	l:	
Address		1 1	Depth of completed well:ft.				Source				
			Depth(s) groundwater encountered:				descriptio				
Well location		1 1	1) ft.; (2) ft.; 3) ft.; (4) dry well				Source:				
Well location						Distance from well:	:	Direction from wel	n l:		
at owner's address			Static water level in well: ft.				Source				
			measured below land surface on (mm/dd/yy):				descriptio	n:			
ONSTRUCTION				, yy). bove land surfac					e of contami	nation	
Borehole interval:	Borehole dia	meter:	on (mm/dd				within	100 feet.			
fromto ft.		in.	Estimated vield	· anm			PERMIT &	ID NUMBER	S (AS REQUI	RED)	
fromtoftin.			Estimated yield: gpm Water level was: ft. after hours				DWR Application No.:				
			pumping gpm				KDHE / EPA Project Code:				
Casing height above land surface:in. If casing height is less than 12 in.			Pump installed? Yes No				Site Name:				
has a variance been appr		s No		100 110					orm Complet		N
*variance not required for monitoring			Water well disinfected? Yes No				County Permit: Yes No Permit ID:				
or environmental remed	liation wells		Date disinfecte	d (mm/dd/yy):			Lease Nar	ne & Well #:			
Casing type:	G. 4 -		Aquifer, if kno	wn·					# of dewater		
Blank casing interval: Blank casing diameter:		—·" L	THOLOGIC LO								
Casing joints:			FROM TO		OGY INTERV	ALC.					
Weight: lbs			rkowi i	LITHOL	OT INTERV	ALS					
Wall thickness or gauge r											
Blank casing interval:											
Blank casing diameter:											
Casing joints:											
Weight: lbs											
Wall thickness or gauge r	10.:										
Grout interval:ft. to											
Grout material:											
Grout interval: ft. to											
Grout material:		C	OMMENTS								
Grout material.											
Screen / perforation material:											
Screen / perforation opening			ONTRACTOR'	S OR LANDOW	NERS CERTI	IFICATION					
Screen / perforation intervals			This water we	ell was consti	ucted	reconstru	ıcted t	oursuant to	the stated w	ater well	
From ft. to				icense and was			•				
Slot size unit _	_			y knowledge a	=			-			
From ft. to	_ft.			siness name of				_			
Slot size unit _											
Gravel pack intervals:				Well Contrac					· ·	_	
Gravel pack not used:	Gravel size	in		ined in K.A.R	-	and signe	d and certif	ied by the e	electronic sig	gnature o	f the
From ft. to			designated pe	erson at its sub	mittal:			<u> </u>			
Gravel pack not used:	— Gravel size	in Se	end one copy to	WATER WELI	OWNER an	d retain on	e for your rec	ords. Fee of \$	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