

WATER WELL RECORD (WWC5.2)

Constructed

KOLAR DOC ID _____ WELL ID _____

LOCATION OF WATER WELL

County	Section	Township	Range	^E / _W Fraction	¼	¼	¼
Latitude	Longitude	Datum	Elevation				

WATER WELL LOCATION _____ at owner's address

WATER WELL OWNER

Name	
Business	
Address	

PERMIT & ID NUMBERS (AS REQUIRED)

DWR Application No.: _____
 KDHE / EPA Project Code: _____
 Site Name: _____
 KDHE UIC Class V Form Completed: Yes No
 County/Local Permit Required? Yes No
 Permit Obtained? Yes No Permit ID: _____
 Oil/Gas Lease Name & Well #: _____

CONSTRUCTION

Casing: Height above land surface: _____ in.
 Is casing height less than 12 inches? Yes No

Blank Casing type: _____
 1st interval: _____ ft. to _____ ft.; Diameter _____ in.
 Casing Joint: : _____ Weight: _____ lbs/ft
 Wall thickness or gauge no.: _____
 2nd interval: _____ ft. to _____ ft.; Diameter _____ in.
 Casing Joint: : _____ Weight: _____ lbs/ft
 Wall thickness or gauge no.: _____
 3rd interval: _____ ft. to _____ ft.; Diameter _____ in.
 Casing Joint: : _____ Weight: _____ lbs/ft
 Wall thickness or gauge no.: _____

Screen / Perforation material: _____
 Specify if other: _____
 Screen / Perforation openings: _____
 1st interval _____ ft. to _____ ft. Slot Size _____
 2nd interval _____ ft. to _____ ft. Slot Size _____
 3rd interval _____ ft. to _____ ft. Slot Size _____

DESIGNATED PERSON

CONTRACTOR BUSINESS NAME

WELL WATER USE

Additional info if required:
 # of Boreholes _____ # of Dewatering Wells _____

COMPLETION

Depth of completed well: _____ ft.
 Depth(s) groundwater encountered: Dry Well
 (1) _____ ft.; (2) _____ ft.; (3) _____ ft.;
 Static water level in well: _____ ft.
 Date measured: _____
 Measured from: Top of Casing or Ground Surface
 Measured: Above or Below Land Surface

Estimated yield: _____ gpm
 Pump Test Date: Water level was:
 _____ ft. after _____ hours pumping _____ gpm
 _____ ft. after _____ hours pumping _____ gpm

Pump Information:

Pump Installed? Yes No Date: _____
 Pump Type: _____ Horsepower: _____ Volts: _____
 Drop Pipe Diameter: _____ in. Drop Pipe Length: _____ ft.
 Water well disinfected? Yes No
 Date disinfected (mm/dd/yy): _____

CONSTRUCTION

Borehole interval: from _____ to _____ ft. from _____ to _____ ft. from _____ to _____ ft..	Borehole diameter: _____ in. _____ in. _____ in.
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Grout:

1st Interval: _____ ft. to _____ ft. Grout material: _____
 2nd Interval: _____ ft. to _____ ft. Grout material: _____
 3rd Interval: _____ ft. to _____ ft. Grout material: _____

Gravel pack: _____ Not Used

1st Interval: _____ ft. to _____ ft. Gravel Size: _____
 2nd Interval: _____ ft. to _____ ft. Gravel Size: _____
 3rd Interval: _____ ft. to _____ ft. Gravel Size: _____

WELL COMPLETION DATE

Form	WWC5.2 - Water Well Record
Doc ID	1946596
Well Owner	Ronnie Friesen
Contractor	GT Water Well Drilling LLC

Casing

From	To	Casing Diameter	Casing Joint	Casing Weigh	Wall Thickness or Gauge Number
0	445	5	Glued		sdr21
465	485	5	Glued		sdr21
505	565	5	Glued		sdr21
585	605	5	Glued		sdr21
625	645	5	Glued		sdr21

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Screen and Gravel

From	To	Slot Size	Slot Size Units	Gravel Pack Used	Gravel Pack From	Gravel Pack To	Gravel Size
445	465			Yes	25	485	
485	505			Yes	485	565	
565	585			Yes	565	605	
605	625			Yes	605	645	
645	665			Yes	645	665	