

WATER WELL RECORD Form WWC-5

Original Record Correction Change in Well Use

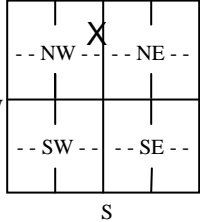
Division of Water Resources App. No.

Well ID

1 LOCATION OF WATER WELL: County, Fraction, Section Number, Township Number, Range Number

2 WELL OWNER: Last Name, Business, Address, City, State, ZIP, Street or Rural Address

3 LOCATE WELL WITH 'X' IN SECTION BOX: N, W, E, S



4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered, WELL'S STATIC WATER LEVEL, Pump test data, Estimated Yield, Bore Hole Diameter

5 Latitude, Longitude, Datum, Source for Latitude/Longitude, GPS, Land Survey, Topographic Map, Online Mapper

6 Elevation: Ground Level, TOC, Source: Land Survey, GPS, Topographic Map, Other

7 WELL WATER TO BE USED AS: Domestic, Irrigation, Industrial, Public Water Supply, Dewatering, Aquifer Recharge, Monitoring, Environmental Remediation, Oil Field Water Supply, Test Hole, Geothermal

Was a chemical/bacteriological sample submitted to KDHE? Water well disinfected?

8 TYPE OF CASING USED: Steel, PVC, Other, CASING JOINTS, Casing diameter, Casing height, TYPE OF SCREEN OR PERFORATION MATERIAL, SCREEN OR PERFORATION OPENINGS ARE, SCREEN-PERFORATED INTERVALS, GRAVEL PACK INTERVALS

9 GROUT MATERIAL: Neat cement, Cement grout, Bentonite, Other, Grout Intervals, Nearest source of possible contamination

Table with columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, LITHO. LOG (cont.) or PLUGGING INTERVALS. Includes a Notes section.

11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) and this record is true to the best of my knowledge and belief.

Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.

KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.

Visit us at http://www.kdheks.gov/waterwell/index.html

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