

WATER WELL RECORD Form WWC-5

Original Record Correction Change in Well Use

Division of Water Resources App. No.

Blank box for App. No.

Well ID

Blank box for Well ID

1 LOCATION OF WATER WELL: County:

Fraction 1/4 1/4 1/4 1/4

Section Number

Township Number T S

Range Number R E W

2 WELL OWNER: Last Name: First: Business: Address: City: State: ZIP:

Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:

3 LOCATE WELL WITH "X" IN SECTION BOX: N, W, E, S, 1 mile

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, Other (specify)

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

8 TYPE OF CASING USED: CASING JOINTS: TYPE OF SCREEN OR PERFORATION MATERIAL: SCREEN OR PERFORATION OPENINGS ARE: SCREEN-PERFORATED INTERVALS: GRAVEL PACK INTERVALS:

9 GROUT MATERIAL: Nearest source of possible contamination: Direction from well? Distance from well?

Table with 6 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.