

WATER WELL RECORD Form WWC-5

Division of Water Resources App. No. Well ID

Original Record Correction Change in Well

1 LOCATION OF WATER WELL: Use Fraction Section Number Township Number Range Number

2 WELL OWNER: Last Name First Street or Rural Address where well is located

3 LOCATE WELL WITH "X" IN SECTION BOX: 4 DEPTH OF COMPLETED WELL: 5 Latitude: 6 Longitude: 7 Elevation:

7 WELL WATER TO BE USED AS: 1. Domestic: 2. Irrigation: 3. Feedlot: 4. Industrial: 5. Public Water Supply: 6. Dewatering: 7. Aquifer Recharge: 8. Monitoring: 9. Environmental Remediation: 10. Oil Field Water Supply: 11. Test Hole: 12. Geothermal: 13. Other:

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: Grout Intervals: Nearest source of possible contamination: Direction from well?

Table with 4 columns: 10 FROM, TO, LITHOLOGIC LOG, FROM, TO, LITHO. LOG (cont.) or PLUGGING INTERVALS. Rows include topsoil, clay, brown shale, gray shale, limestone.

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) 10/22/2021.

Mail 1 white copy along with a fee of \$5.00 for each constructed well to Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St, Suite 420, Topeka, Kansas 66612-1367