

WATER WELL RECORD Form WWC-5 1267591 Division of Water Original Record Correction Change in Well Use Division of Water Resources App. No. Well ID												
1	LOCATION OF WATER WELL:			Fraction				Township Numbe				
-	County:			1/4 1/4 1/4	1/4			$\begin{array}{c c} T & S \\ T & S \\ \end{array} \begin{array}{c} T & S \\ \end{array} \begin{array}{c} T & B \\ \end{array} \begin{array}{c} T & B \\ \end{array} \begin{array}{c} T & B \\ \end{array} \begin{array}{c} T \\ \end{array} \end{array} \begin{array}{c} T \\ \end{array} \begin{array}{c} T \\ \end{array} \end{array} \begin{array}{c} T \\ \end{array} \begin{array}{c} T \\ \end{array} \end{array} \begin{array}{c} T \\ T \end{array} \end{array} \end{array} \end{array} \begin{array}{c} T \\ T \end{array} \end{array} \end{array} \end{array} \begin{array}{c} T \\ T \end{array} \end{array} \end{array} \end{array} $ T T T T T T T T T T T T T				
2	Business: Address: Address:	OWNER: 1		First:	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	City:	FWFII	State:	ZIP:								
3	LOCATE WELL WITH "X" IN 4 DEPTH OF COM				5 Latitude:(decimal degrees)							
	SECTIO	N BOX:	Depth(s) Groundwater		Longitude:				.(decimal degrees)			
	N 2)						Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude:					
			below land surface					init make/model:)		
	NW	NE	□ above land surface	, measured on (mo-day	-yr)		(WAAS enabled? ☐ Yes ☐ No)					
		Pump test data: Well water was				□ Land Survey □ Topographic Map						
W		E afterhours pumping					Online	• Mapper:	•••••			
	SWX SE after hours pu Estimated Yield:											
								6 Elevation:ft. Ground Level TOC				
	-	S			in. to ft. and			Source: \Box Land Survey \Box GPS \Box Topographic Map				
	1 mile in. to ft Other											
	7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID 10. □ Oil Field Water Supply: lease											
	☐ Housel				many wells?			11. Test Hole: well ID				
				echarge: well ID		\Box Cased \Box Uncased \Box Geotechnical						
	Livesto			g: well ID			al: how many bores					
	Irrigati			al Remediation: well I		a) Closed Loop 🔲 Horizontal 🗌 Vertical						
3. Eredlot Air Sparge 4. Industrial Recovery						b) Open Loop □ Surface Discharge □ Inj. of Water 13. □ Other (specify):						
	Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:											
Water well disinfected? Yes No												
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded												
Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft.												
Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No												
TYPE OF SCREEN OR PERFORATION MATERIAL:												
□ Steel □ Stainless Steel □ Fiberglass □ PVC □ Other (Specify)												
□ Brass □ Galvanized Steel □ Concrete tile □ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:												
□ Continuous Slot □ Mill Slot □ Gauze Wrapped □ Torch Cut □ Drilled Holes □ Other (Specify)												
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)												
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft.												
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft. to ft. of the second												
			ft. to le contamination:	It., From	. It. to	It., From		······ It. to ······	It.			
	Septic '	-	Lateral Line	es 🗌 Pit Privy		Livestock Pe	ens	Insectici	ide Storag	e		
	Sewer l		Cess Pool			Fuel Storage		Abandon Abandon				
	U Waterti	ight Sewer Li	nes 🗌 Seepage Pit	☐ Feedyard		Fertilizer Sto	orage	🗌 Oil Wel	l/Gas Wel	l		
								ft				
	FROM	TO	LITHOLO		FROM	ТО		HO. LOG (cont.) or	PLUGGIN	IG INTERVALS		
					Notes:		[
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Constructed, reconstructed, or plugged												
ur V	under my jurisdiction and was completed on (mo-day-year) and this record is true to the best of my knowledge and belief.											
Kansas Water Well Contractor's License No This Water Well Record was completed on (mo-day-year) under the business name of												
			Send one copy to WATER W	ELL OWNER and retain	one for your reco	rds. Fee of \$	5.00 f	or each constructed wel	1.			
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 KSA 82a-1212											