

WATER WELL RECORD Form WWC-5

Original Record Correction Change in Well

Division of Water Resources App. No. Well ID

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

2 WELL OWNER: Last Name: Business: Address: City: State: ZIP: Street or Rural Address where well is located

3 LOCATE WELL WITH 'X' IN SECTION BOX: 4 DEPTH OF COMPLETED WELL: 5 Latitude: Longitude: Horizontal Datum: Source for Latitude/Longitude: 6 Elevation: Source:

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 (specify):

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

8 TYPE OF CASING USED: CASING JOINTS: Casing diameter: Casing height above land surface: 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 columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, LITHO. LOG (cont.) or PLUGGING INTERVALS. Rows include topsoil, clay, sandstone, 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) 02/01/2022.. and this record is true to the best of my knowledge and belief.

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. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.