

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: 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 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: Nearest source of possible contamination: Direction from well? Distance from well?

Table with columns: 10 FROM, TO, LITHOLOGIC LOG, FROM, TO, LITHO. LOG (cont.) or PLUGGING INTERVALS

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) 03/28/2022.

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.