

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

Well ID

MW10S

Original Record Correction Change in Well Use

1 LOCATION OF WATER WELL: 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: 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:

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? Distance from well?

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

KDHE ID: C2-087-72896 Target of monitoring well is shallow groundwater. <20' of grout was installed at the direction of KDHE.

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) 10/12/17 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, SWTS 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.

