

WATER WELL RECORD Form WWC-5

Original Record Correction Change in Well Use

Division of Water Resources App. No.

Well ID

Well ID

1 LOCATION OF WATER WELL: County, Fraction, Section Number, Township Number, Range Number

2 WELL OWNER: Last Name, Business, Address, City, State, ZIP, Street or Rural Address

3 LOCATE WELL WITH 'X' IN SECTION BOX: N, W, E, S, 4 DEPTH OF COMPLETED WELL, 5 Latitude, Longitude, Datum, Source for Latitude/Longitude, 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, Casing diameter, Casing height, 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. Includes a Notes section.

11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction...

Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.

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

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