

WATER WELL RECORD Form WWC-5

Original Record Correction Change in Well Use

Division of Water Resources App. No. Well ID

1 LOCATION OF WATER WELL: County: _____ Fraction 1/4 1/4 1/4 1/4 Section Number _____ Township Number T S Range Number R E W

2 WELL OWNER: Last Name: _____ 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 LOCATE WELL WITH "X" IN SECTION BOX: [Diagram] 4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1) _____ ft. 2) _____ ft. 3) _____ ft., or 4) Dry Well

7 WELL WATER TO BE USED AS: 1. Domestic: Household Lawn & Garden Livestock 2. Irrigation 3. Feedlot 4. Industrial 5. Public Water Supply: well ID _____ 6. Dewatering: how many wells? _____ 7. Aquifer Recharge: well ID _____ 8. Monitoring: well ID _____ 9. Environmental Remediation: well ID _____ a) Air Sparge Soil Vapor Extraction Recovery Injection

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. _____

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other _____ Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

Nearest source of possible contamination: No potential source of contamination within 200 ft. Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage Sewer Lines Cess Pool Sewage Lagoon Fuel Storage Abandoned Water Well Watertight Sewer Lines Seepage Pit Feedyard Fertilizer Storage Oil Well/Gas Well Other (Specify) _____

Table with 6 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 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 _____