

WATER WELL RECORD       Form WWC-5       1066656       Division of Water         Original Record       Correction       Change in Well Use       Division of Water         Well ID       Well ID										
1	<b>LOCATION OF WATER WELL:</b>			Fraction		tion Numbe		Township Number Range Number		
	County:			1/4 1/4 1	/4 1/4		T S			
2	WELL OWNER: Last Name: Business: Address: Address:			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:				
	City:		State:	ZIP:						
3	UCCATE WELL WITH "X" IN 4 DEPTH OF COM			<b>OMPLETED WELL:</b>	ft	5 Latiti	5 Latitude:			
		ECTION BOX. Depth(s) Groundwater Encountered: 1)				Longitude:(decimal degrees)				
		N		. 3) ft., or 4)		Datum: 🗌 WGS 84 🔲 NAD 83 🗌 NAD 27				
W NW XE W SW SE			WELL'S STATIC WATER LEVEL: ft. below land surface, measured on (mo-day-yr)			Source	Source for Latitude/Longitude:			
			above land surface, measured on (mo day yr)				(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map			
			Pump test data: Well water was ft.							
				ours pumping		Online Mapper:				
			after hours pumping							
	Estimated Yield:				8r	6 Elevation:ft.  Ground Level  TOC				
		S	Bore Hole Diamete	r: in. to		Source	Source:  Land Survey  GPS  Topographic Map Other			
		nile  WATED TO	RE LISED AS.	in. to	It.			•••••		
7 WELL WATER TO BE USED AS:         1. Domestic:       5. □ Public Water Supply: well ID         10. □ Oil Field Water Supply: lease										
Household			6. 🗌 Dewa			11. Test Hole: well ID				
	🗌 Lawn d		-	7. Aquifer Recharge: well ID			Cased Uncased Geotechnical			
				oring: well ID			<ul><li>12. Geothermal: how many bores?</li><li>a) Closed Loop □ Horizontal □ Vertical</li></ul>			
			$\square$ Air Sp			b) Open Loop $\square$ Surface Discharge $\square$ Inj. of Water				
4.	🗌 Industr	rial		ery 🗌 Injection		13. 🗌 Other (specify):				
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										
TYPE OF SCREEN OR PERFORATION MATERIAL:										
□ Steel □ Stainless Steel □ Fiberglass □ PVC □ Other (Specify)										
Brass Galvanized Steel Concrete tile None used (open hole)										
SCREEN OR PERFORATION OPENINGS ARE:										
□ Continuous Siot □ Min Siot □ Gauze wrapped □ Torch Cut □ Diffied Holes □ Other (Specify)										
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft.										
	GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft.									
9 GROUT MATERIAL:  Neat cement  Cement grout  Bentonite  Other Grout Intervals: From										
			e contamination:	····· II., FI0III ······	11. 10	II., FIOIII	It. to			
	Septic '	-				Livestock Pe		ticide Stor	age	
	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)									
Direction from well?										
10	FROM	TO	LITHO	LOGIC LOG	FROM	TO	LITHO. LOG (cont.)	or PLUGC	ING INTERVALS	
					Notes:					
11	11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a 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									
u				R WELL OWNER and retain						
	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 KSA 82a-1212									