

	WWC-5	1	Division of Water		W-11 ID				
Original Record Correction Change LOCATION OF WATER WELL:	ge in Well Use Fraction		esources App. No. Section Number		Well ID	aa Numban			
County:	1/4 1/4 1/4		section Number	Township Numb	er Ran R	ige Number □ E □ W			
2 WELL OWNER: Last Name:	Dural Addraga u	al Address where well is located (if unknown, distance and							
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:									
Address:									
Address:									
City: State:	ZIP:								
3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL: ft. 5 Latitude:									
WITH "A" IN Donth(a) Groundwater		6							
SECTION BOX: 1 2) ft	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				Bongreace:(decimal degrees)				
WELL'S STATIC WA	WELL'S STATIC WATER LEVEL: ft			Source for Latitude/Longitude:					
□ □ below land surface	below land surface, measured on (mo-day-yr)			S (unit make/model:)			
	e, measured on (mo-day		(
Pump test data: Well v			☐ Land Survey ☐ Topographic Map						
	afterhours pumpinggpm								
	Well water was ft. after hours pumping gpm								
	Estimated Yield:gpm			6 Elevation :ft. ☐ Ground Level ☐ TOC					
	Bore Hole Diameter:					pographic Map			
	in. to								
7 WELL WATER TO BE USED AS:									
1. Domestic: 5. ☐ Public Water Supply: well ID									
☐ Household 6. ☐ Dewaterin	6. Dewatering: how many wells?			11. Test Hole: well ID					
	7. ☐ Aquifer Recharge: well ID								
	8. Monitoring: well ID				12. Geothermal: how many bores?				
	9. Environmental Remediation: well ID			a) Closed Loop					
	☐ Air Sparge ☐ Soil Vapor Extraction b) Open Loop ☐ Surface Discharge ☐ Inj. of Water								
4. ☐ Industrial ☐ Recovery ☐ 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 diameter									
Casing height above land surface									
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 Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)									
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)									
SCREEN-PERFORATED INTERVALS: From									
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft. to ft.									
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other									
Grout Intervals: From									
Nearest source of possible contamination:									
☐ 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)									
10 FROM TO LITHOLOG		FROM		ITHO. LOG (cont.) 01		CINTEDVALS			
TO FROM TO LITHOLOG	GIC LUG	FROM	10 L	TTHO. LOG (cont.) of	FLUUGIN	UINTERVALS			
		Notes:							
110165									
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)									
Kansas Water Well Contractor's License No									
under the business name of									
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.									

KSA 82a-1212 Visit us at http://www.kdheks.gov/waterwell/index.html