

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: [ ]

4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1) [ ] ft. 2) [ ] ft. 3) [ ] ft., or 4)  Dry Well

5 Latitude: [ ] (decimal degrees) Longitude: [ ] (decimal degrees) Datum:  WGS 84  NAD 83  NAD 27

7 WELL WATER TO BE USED AS: 1. Domestic:  Household  Lawn & Garden  Livestock

Was a chemical/bacteriological sample submitted to KDHE?  Yes  No If yes, date sample was submitted: [ ]

8 TYPE OF CASING USED:  Steel  PVC  Other CASING JOINTS:  Glued  Clamped  Welded  Threaded

9 GROUT MATERIAL:  Neat cement  Cement grout  Bentonite  Other

Nearest source of possible contamination: No potential source of contamination within 200 ft.

10 LITHOLOGIC LOG table with columns FROM, TO, LITHO. LOG (cont.) or PLUGGING INTERVALS and Notes

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

KSA 82a-1212