

WATER WELL R		WWC-5 1361	L	Division of Water		Well ID	
Original Record Correction Chang 1 LOCATION OF WATER WELL:		ge in Well Use		esources App. No.	Township Number		
County:		Fraction		Section Number	T S	Range Number R	
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:		T			
3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL:							
WITH "X" IN SECTION BOX:	Depth(s) Groundwater Encountered: 1)				Longitude:(decimal degrees)		
SECTION BOX: N		3) ft., or 4) [Datum:	Datum: WGS 84 NAD 83 NAD 27		
1,		ATER LEVEL:		Source for	Source for Latitude/Longitude:		
	below land surface, measured on (mo-day-yr)				GPS (unit make/model:)		
NW NE	above land surface, measured on (mo-day-yr) Pump test data: Well water was ft.				(WAAS enabled? ☐ Yes ☐ No)		
	after hours pumping gpm				☐ Land Survey ☐ Topographic Map ☐ Online Mapper:		
E	Well water was ft.			☐ Onli	ine Mapper:		
SW SE	after hours pumping gpm						
	Estimated Yield:gpm				6 Elevation:ft. Ground Level TOC		
S	Bore Hole Diameter: in. to ft.				Source: Land Survey GPS Topographic Map		
1 mile in. to ft.							
7 WELL WATER TO BE USED AS:							
1. Domestic:	5. Public Water Supply: well ID				10. Oil Field Water Supply: lease		
Household	6. Dewatering: how many wells?				11. Test Hole: well ID		
☐ Lawn & Garden ☐ Livestock	7. Aquifer Recharge: well ID				☐ Cased ☐ Uncased ☐ Geotechnical 12. Geothermal: how many bores?		
2. ☐ Irrigation	8. Monitoring: well ID				a) Closed Loop Horizontal Vertical		
3. ☐ Feedlot	☐ Air Sparge ☐ Soil Vapor Extra				b) Open Loop Surface Discharge Inj. of Water		
4. ☐ Industrial	Recovery				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 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 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							
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other							
Nearest source of possible		п., гюш	11. 10	It., FIOIII	11. 10	It.	
Septic Tank							
☐ Sewer Lines	☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well						
☐ Watertight Sewer Lin							
☐ Other (Specify)							
Direction from well?							
10 FROM TO	LITHOLO	GIC LOG	FROM	TO L	ITHO. LOG (cont.) or P	LUGGING INTERVALS	
			NT 4				
Notes:							
11 CONTRACTORS OR LANDOWNERS CERTIFICATION. This arrange is a second of the second of							
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.							