

	WWC-5	1200	- 1		on of Water		Wall ID			
Original Record Correction Chang 1 LOCATION OF WATER WELL:	re in Well Use Fraction				ces App. No on Number		Well ID	as Number		
	1/4 1/4	1/4		secue	on Number	Township Numb	ber Ran R	ge Number □ E □ W		
County: 2 WELL OWNER: Last Name:		74		eet or Rural 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(s) Groundwater Encountered: 1)										
SECTION BOX: (2) ft (3) ft or (4) \square D										
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:	<u></u>)		
	above land surface, measured on (mo-day-yr)				(**************************************					
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map					
	after hours pumping				Online Mapper:					
CTT CT	Well water was ft. after hours pumping gpm									
	Estimated Yield:gpm				6 Elevation :ft. ☐ Ground Level ☐ TOC					
	Bore Hole Diameter: in. to ft. and				Source: Land Survey GPS Topographic 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?									
	7. Aquifer Recharge: well ID									
	8. Monitoring: well ID				12. Geothermal: how many bores?					
	9. Environmental Remediation: well ID									
	☐ Air Sparge ☐ Soil Vapor Extract				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)										
□ Continuous Stot □ Mili Stot □ Gauze Wrapped □ Torch Cut □ Drilled Holes □ Other (Specify)										
SCREEN-PERFORATED INTERVALS: From										
GRAVEL PACK INTERVALS: From										
9 GROUT MATERIAL: Neat cement Dement 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		e irom w	FROM			ITHO. LOG (cont.) o		CINTEDVALC		
TO FROM TO LITHOLOG	JIC LOG		FROM	L	10 1	THO. LOG (cont.) o	LUGGIN	GINTERVALS		
				-						
				-						
			Notes:							
1106.5										
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