	TER WELL RECORD Form WWC-5  Driginal Record Correction Change in Well Use				sion of Water arces App. No		Well ID	
1 LOCATION OF W	ATER WELL:	Fractions	3	Sect	ion Number	Township Numb	per Range Number	
County: Slat			= 1/4SW 1/4		<u> </u>	TOUS	R DEXW	
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: 1192 to WICANTOLALIU 3833 N LIW CT							CT	
Address: City: WiChita State = ZIP: 47212					maize, K5 67101			
3 LOCATE WELL		COMPLETE		က် မ	E Y atitue	i o	(decimal degrees)	
WITH "X" IN		water Encountere					(decimal degrees)	
SECTION BOX:	2)	. ft., or 4) [	] Dry Well		□ WGS 84 □ NA			
	WELL'S STATIC WATER LEVEL: Repair to the land surface, measured on (mo-day-					Source for Latitude/Longitude:  GPS (unit make/model:)		
NW NE	above land surface, measured on (mo-day- Pump test data: Well water was				) (WAAS enabled?			
W E		. hours pumping Well water was			On	line Mapper:		
SW -SE	after hours pumping gp				C 3033			
	Estimated Yield:gpm  Bore Hole Diameter: in. to						t. Ground Level TOC GPS Topographic Map	
mile	Bore Hole Diam	to	_	Source.				
7 WELL WATER TO BE USED AS:								
1. Domestic:		olic Water Supply: watering: how ma					ease	
☐ Household ☐ Household ☐ Household				11. Test Hole: well ID  Cased Uncased Geotechnical				
Livestock	8. ☐ Mo			12. Geothermal: how many bores?				
2. ☐ Irrigation 3. ☐ Feedlot		tion: well IE		a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water				
4. Industrial	☐ Air Sparge ☐ Soil Vapor Extraction ☐ 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 JOINTS: Glued Clamped Welded Threaded Casing diameter ft., Diameter in. to ft., Diameter ft., Di								
Casing height above land surface								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)								
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								
Grout Intervals: From								
Nearest source of possible contamination:   □ Septic Tank □ Lateral Lines □ Pit Privy □ Livestock Pens □ Insecticide Storage								
Sewer Lines	☐ Cess	Pool	] Sewage La	goon 🔲 l	Fuel Storage	Abanc	loned Water Well	
Watertight Sewer Lines								
Other (Specify) Direction from well? Distance from well?								
10 FROM TO	LITI	IOLOGIC LOG		FROM	TO :	LITHO. LOG (cont.) c	or PLUGGING INTERVALS	
e H	TOPS	Di /				WWW		
16 25	Fine s	0 Od						
25 34	Med ava	wel-rust	water					
34 40	mean	ravel						
45 53		sd-just	LUARCE	Notes:				
45 50 med graves Notes:								
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)								
Kansas Water Well Contractor's License No. 6.8. This Water Well Record was completed on (mo-day-year)								
INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topcka, Kansas 66612-1367. Telephone (785) 296-3565.								
Visit us at http://www.kdl	•		المارين المارين المارين المارين	KSA 82a-12			Revised 9/10/2012	