

	WWC-5		Division (W-11 ID			
	ge in Well Use			App. No.	T 1 N 1.	Well ID	NT1		
1 LOCATION OF WATER WELL:	Fraction		Section I	Number	Township Numb		ge Number		
County:		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$							
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:									
Business: direction from nearest town or intersection): If at owner's address, check here:									
Address:									
City: State:	ZIP:								
3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL:									
WITH "A" IN Donth(s) Groundwater Encountered: 1) ft 4 1									
SECTION BOX:									
N WELL'S STATIC WA	2) ft. 3) ft., or 4) ☐ Dry We WELL'S STATIC WATER LEVEL: ft.				Source for Latitude/Longitude:				
	below land surface, measured on (mo-day-yr)				GPS (unit make/model:)				
above land surface	above land surface, measured on (mo-day-yr)				(WAAS enabled? ☐ Yes ☐ No)				
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map				
	after hours pumpinggpm				Online Mapper:				
LA CITY CITY	Well water was ft. after hours pumping gpm Estimated Yield:gpm								
					ı: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									
	6. ☐ Dewatering: how many wells?								
☐ Livestock 8. ☐ Monitorii	8. Monitoring: well ID				12. Geothermal: how many bores?				
	9. Environmental Remediation: well ID								
	☐ Air Sparge ☐ Soil Vapor Extraction ☐ b) Open Loop ☐ Surface Discharge ☐ Inj. of W								
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 in. to									
Casing height above land surface in. Weight									
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)									
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 Lagoon ☐ Fuel Storage ☐ Abandoned Water Well									
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well									
☐ Other (Specify)									
							C INTERNAL C		
10 FROM TO LITHOLO	GIC LOG	FROM	1 1	O LIT	HO. LOG (cont.) or	PLUGGIN	GINTERVALS		
		Notes:							
110165.									
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									
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