

WATER WELL R		orm WWC	-0		Division of W			W-II ID		
Original Record Correction Change 1 LOCATION OF WATER WELL:			ge in Well Use Fraction		Resources App. Section Numb		Township Numbe	Well ID er Range Number		
					1 0				$\Box E \Box W$	
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and										
Business:		irection from nearest town or intersection): If at owner's address, check here:								
Address:										
Address: City:										
3 LOCATE WELL										
WITH "X" IN	4 DEPTH OF COMPLETED WELL:									
SECTION BOX:	Depth(s) Groundwater Encountered: 1)				Longitude:(decimal degrees)					
Ν	2) ft. 3) ft., or 4) 🗆 I WELL'S STATIC WATER LEVEL:									
	 below land surface, measured on (mo-day-yr). above land surface, measured on (mo-day-yr). 						(unit make/model:)	
NW NE					(WAAS enabled? ☐ Yes ☐ No)					
	-	Pump test data: Well water was ft.				Land Survey Topographic Map				
W E		after hours pumping					Online Mapper:			
SW SE	Well water was ft. after hours pumping									
	Estimated Yield:	6 Ele	6 Elevation:ft. Ground Level TOC							
S	Bore Hole Diameter: in. to ft				Sou	Source: Land Survey GPS Topographic Map				
1 mile	in. to ft.				□ Other					
7 WELL WATER TO BE USED AS:										
1. Domestic:	5. Public Water Supply: well ID									
☐ Household ☐ Lawn & Garden	6. Dewatering: how many wells?					11. Test Hole: well ID □ Cased □ Uncased □ Geotechnical				
Livestock	7. Aquifer Recharge: well ID						nal: how many bores			
2. Irrigation	9. Environmental Remediation: well ID						d Loop 🔲 Horizonta			
3. Feedlot	☐ Air Sparge ☐ Soil Vapor Extra						Loop Surface Dis			
4. 🗌 Industrial	idustrial 🗌 Recovery 🗌 Injection					13. Other (specify):				
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:										
Water well disinfected? \Box Yes \Box No										
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded										
Casing diameter in. to ft., Diameter in. to ft., Diameter ft.										
Casing height above land surface										
TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Fiberglass Fiberglass Other (Specify)										
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 ft. to ft., From ft. to ft., From ft. to ft.										
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft. to ft.										
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other										
Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft. to ft.										
Septic Tank	Latera	al Lines	🗌 Pit Privy		Livestock	Pens	□ Insectic	ide Storage		
Sewer Lines			Sewage La	agoon	☐ Fuel Stora				Well	
UWatertight Sewer Lin	les 🗌 Seepa	age Pit	Feedyard		Fertilizer	Storag	e 🗌 Oil Wel	l/Gas Well		
□ Other (Specify)							-			
Direction from well? Distance from well? 10 FROM TO LITHOLOGIC LOG							ft. ГНО. LOG (cont.) or	DLUCCIN		
10 FROM TO		OLUGIC LU	G	FROM	10	LI	THO. LOG (cont.) or	PLUGGIN	JINTERVALS	
						+				
				Notes:						
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) and this record is true to the best of my knowledge and belief.										
Kansas Water Well Con	tractor's License	No	This W	ater Well R	lecord was c	compl	eted on (mo-day-ve	ar)		
under the business name	e of									
under the business name KS Department of Health a	Send one copy to WA	TER WELL OW	VNER and retain	one for your 1	ecords. Fee of	\$5.00	for each constructed wel	1.		