

	WWC-5	וע	vision of Water		W 11 ID			
Original Record Correction Change LOCATION OF WATER WELL:	ge in Well Use		sources App. No.		Well ID Dana	ge Number		
County:	Fraction	1/4	ection Number	Township Numb	R R			
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and								
Business: direction from nearest town or intersection): If at owner's address, check here:								
Address:	_							
Address:	ZIP:							
City: State: 3 LOCATE WELL A DEPTH OF COL	ZIF:							
WITH "X" IN 4 DEPTH OF COMPLETED WELL: It. 5 Latitude:					(d	decimal degrees)		
SECTION BOX: Depth(s) Groundwater	Depth(s) Groundwater Encountered: 1)							
N 2) ft.	2) ft. 3) ft., or 4) \[\subseteq \text{Dr}			Datum: WGS 84 NAD 83 NAD 27				
	WELL'S STATIC WATER LEVEL:			Source for Latitude/Longitude: GPS (unit make/model:)				
	above land surface, measured on (mo-day-yr).							
	Pump test data: Well water was ft.			· (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map				
W E after hour	after hours pumping gpm			Online Mapper:				
	Well water was ft.							
	after hours pumping gpm			6 Elevation:ft. ☐ Ground Level ☐ TOC				
	Estimated Yield:gpm Bore Hole Diameter:in. toft. a			Source: Land Survey GPS Topographic Map				
	in. to ft.			Other				
7 WELL WATER TO BE USED AS:								
1. Domestic: 5. Public Water Supply: well ID								
	6. ☐ Dewatering: how many wells?			11. Test Hole: well ID				
	7. Aquifer Recharge: well ID			☐ Cased ☐ Uncased ☐ Geotechnical				
	8. Monitoring: well ID							
	9. Environmental Remediation: well ID			a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water				
	☐ Air Sparge ☐ Soil Vapor Extraction b) Open Loop ☐ Surface Discharge ☐ Inj. of Water ☐ Recovery ☐ Injection 13. ☐ Other (specify):							
Was a chemical/bacteriological sample submitted to KDHE? \[\sqrt{Yes} \] No If yes, date sample was submitted:								
Water well disinfected? \square Yes \square No								
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded								
Casing diameter in. to								
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)								
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)								
SCREEN-PERFORATED INTERVALS: From								
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft.								
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other								
Grout Intervals: From								
Nearest source of possible contamination: □ Septic Tank □ 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)								
Direction from well?								
10 FROM TO LITHOLO	GIC LOG	FROM	TO LI	THO. LOG (cont.) or	PLUGGING	INTERVALS		
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)								
Kansas Water Well Contractor's License No	This Wat	er Well Re	cord was comp	leted on (mo-day-ye	ear)			
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.								
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