

WATER WELL RECORD Form WWC-5

Original Record Correction Change in Well Use

Division of Water Resources App. No.

Well ID

1 LOCATION OF WATER WELL: Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ Section Number Township Number (T S R E W) Range Number ($\frac{1}{4}$ $\frac{1}{2}$ $\frac{3}{4}$)

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: _____
Address: _____
Address: _____
City: _____ State: _____ ZIP: _____

3 LOCATE WELL WITH "X" IN SECTION BOX:

N	
-- NW --	-- NE --
W	E
-- SW --	-- SE --
S	X

-----1 mile-----

4 DEPTH OF COMPLETED WELL: _____ ft.
Depth(s) Groundwater Encountered: 1) _____ ft.
2) _____ ft. 3) _____ ft., or 4) Dry Well
WELL'S STATIC WATER LEVEL: _____ ft.
 below land surface, measured on (mo-day-yr).....
 above land surface, measured on (mo-day-yr).....
Pump test data: Well water was _____ ft.
after _____ hours pumping _____ gpm
Well water was _____ ft.
after _____ hours pumping _____ gpm
Estimated Yield: _____ gpm
Bore Hole Diameter: _____ in. to _____ ft. and
_____ in. to _____ ft.

5 Latitude: _____ (decimal degrees)
Longitude: _____ (decimal degrees)
Datum: WGS 84 NAD 83 NAD 27
Source for Latitude/Longitude:
 GPS (unit make/model: _____)
(WAAS enabled? Yes No)
 Land Survey Topographic Map
 Online Mapper: _____

6 Elevation: _____ ft. Ground Level TOC
Source: Land Survey GPS Topographic Map
 Other _____

7 WELL WATER TO BE USED AS:

1. <input type="checkbox"/> Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	2. <input type="checkbox"/> Irrigation	3. <input type="checkbox"/> Feedlot	4. <input type="checkbox"/> Industrial	5. <input type="checkbox"/> Public Water Supply: well ID	6. <input type="checkbox"/> Dewatering: how many wells?	7. <input type="checkbox"/> Aquifer Recharge: well ID	8. <input type="checkbox"/> Monitoring: well ID	9. Environmental Remediation: well ID	<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction	<input type="checkbox"/> Recovery <input type="checkbox"/> Injection	10. <input type="checkbox"/> Oil Field Water Supply: lease	11. Test Hole: well ID	<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical	12. Geothermal: how many bores?	a) <input type="checkbox"/> Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	b) <input type="checkbox"/> Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water	13. <input type="checkbox"/> Other (specify):
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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 _____ in. to _____ ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
Casing height above land surface _____ in. Weight _____ lbs./ft. Wall thickness or gauge No.
TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel PVC Other (Specify)

Brass Galvanized Steel 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.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other

Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

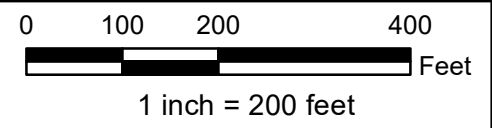
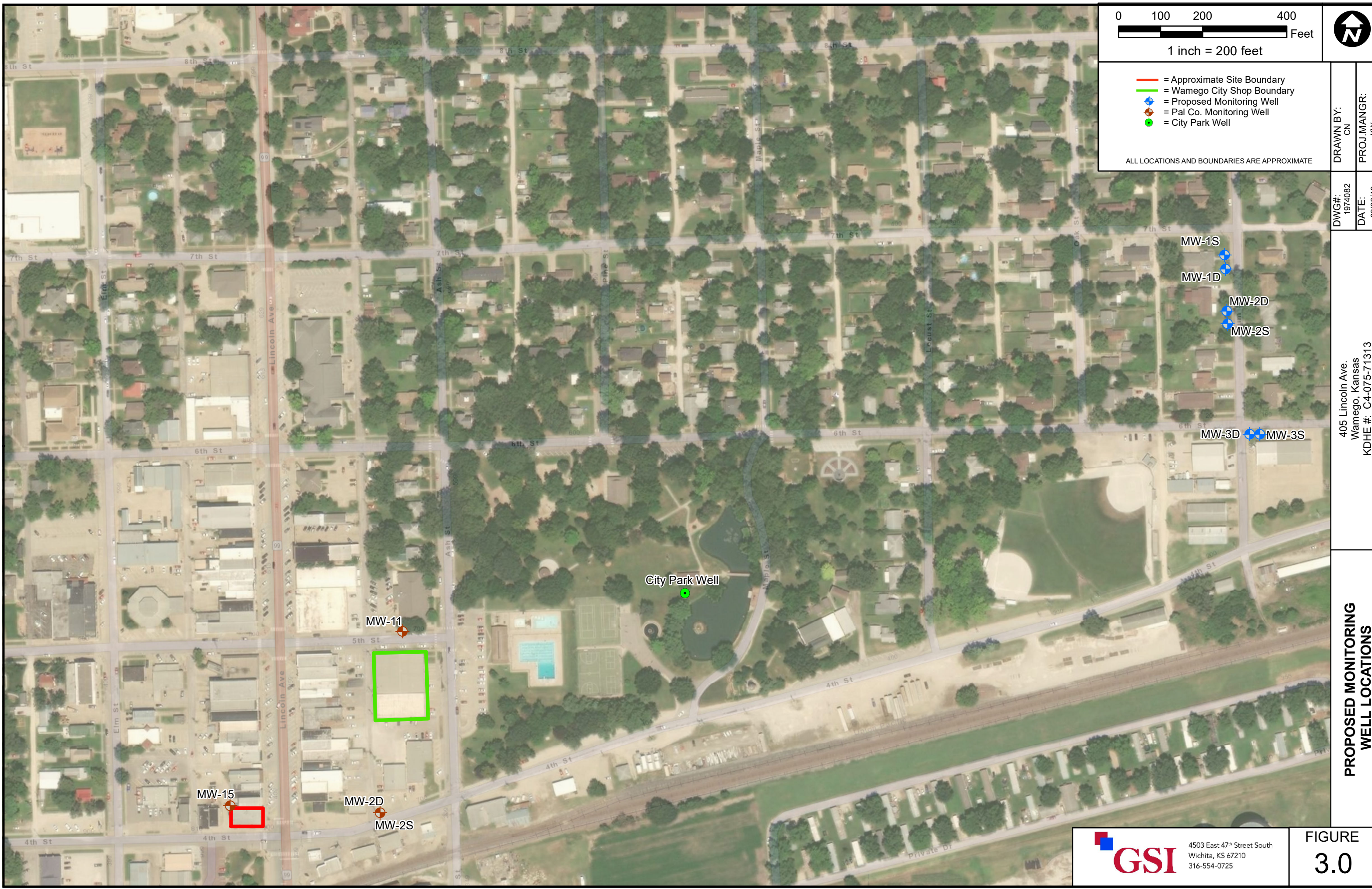
Nearest source of possible contamination: No potential source of contamination within 200 ft.
 Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage
 Sewer Lines Cess Pool Sewage Lagoon Fuel Storage Abandoned Water Well
 Watertight Sewer Lines Seepage Pit Feedyard Fertilizer Storage Oil Well/Gas Well
 Other (Specify)

Direction from well? _____ Distance from well? _____ ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. 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) _____ and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo-day-year) _____ 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.
Visit us at <http://www.kdheks.gov/waterwell/index.html> KSA 82a-1212



- = Approximate Site Boundary
- = Wamego City Shop Boundary
- ◆ = Proposed Monitoring Well
- ◆ = Pal Co. Monitoring Well
- = City Park Well

ALL LOCATIONS AND BOUNDARIES ARE APPROXIMATE

DRAWN BY:
CN
PROJ.MANGR:
KW

DWG#:
1974082
DATE:
09/23/19

405 Lincoln Ave.
Wamego, Kansas
KDHE #: C4-075-71313

**PROPOSED MONITORING
WELL LOCATIONS**