

**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: County: Fraction 1/4 1/4 1/4 1/4 Section Number Township Number T S Range Number R E W

2 WELL OWNER: Last Name: Business: Address: City: State: ZIP: 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:

3 LOCATE WELL WITH "X" IN SECTION BOX: N W E S |-----1 mile-----|

4 DEPTH OF COMPLETED WELL: 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: .....(decimal degrees)) (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. Domestic:  Household  Lawn & Garden  Livestock 2.  Irrigation 3.  Feedlot 4.  Industrial

5.  Public Water Supply: well ID ..... 6.  Dewatering: how many wells? ..... 7.  Aquifer Recharge: well ID ..... 8.  Monitoring: well ID ..... 9. Environmental Remediation: well ID .....  Air Sparge     Soil Vapor Extraction     Recovery     Injection

10.  Oil Field Water Supply: lease ..... 11. Test Hole: well ID .....  Cased     Uncased     Geotechnical 12. Geothermal: how many bores? ..... a) Closed Loop     Horizontal     Vertical b) Open Loop     Surface Discharge     Inj. of Water 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 ..... 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  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.

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:  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 .....