WATER WELL RECORD   Form WWC-5

|||||||||||||||||||||||| 1201935

Division of Water Resources App. No. [ ]

Well ID [ ]

☐ Original Record   ☐ Correction   ☐ Change in Well Use

1 LOCATION OF WATER WELL:
County:

| Fraction ¼ ¼ ¼ ¼ | Section Number | Township Number T   S | Range Number R   ☐ E ☐ W |

2 WELL OWNER: Last Name: First:
Business:
Address:
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:

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              N
        - - NW - - | - - NE - -
   W  X                          E
        - - SW - - | - - SE - -
              S
   |---------1 mile--------|
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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. 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 ………...