

**WATER WELL RECORD Form WWC-5**

Original Record    Correction    Change in Well Use

Division of Water Resources App. No.

Well ID

<b>1 LOCATION OF WATER WELL:</b> County:	Fraction ¼   ¼   ¼   ¼	Section Number	Township Number T   S	Range Number R <input type="checkbox"/> E <input type="checkbox"/> W
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**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	X	SE	---
---	S	---	S	---

-----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. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	5. <input type="checkbox"/> Public Water Supply: well ID .....	10. <input type="checkbox"/> Oil Field Water Supply: lease .....
2. <input type="checkbox"/> Irrigation	6. <input type="checkbox"/> Dewatering: how many wells? .....	11. Test Hole: well ID .....
3. <input type="checkbox"/> Feedlot	7. <input type="checkbox"/> Aquifer Recharge: well ID .....	<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical
4. <input type="checkbox"/> Industrial	8. <input type="checkbox"/> Monitoring: well ID .....	12. Geothermal: how many bores? .....
	9. Environmental Remediation: well ID .....	a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical
	<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction	b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water
	<input type="checkbox"/> Recovery <input type="checkbox"/> Injection	13. <input type="checkbox"/> Other (specify): .....

**Was a chemical/bacteriological sample submitted to KDHE?**  Yes    No   If yes, date sample was submitted: .....  
 Water well disinfected?  Yes    No

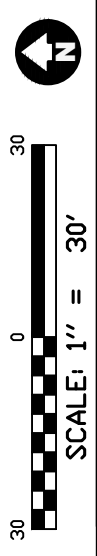
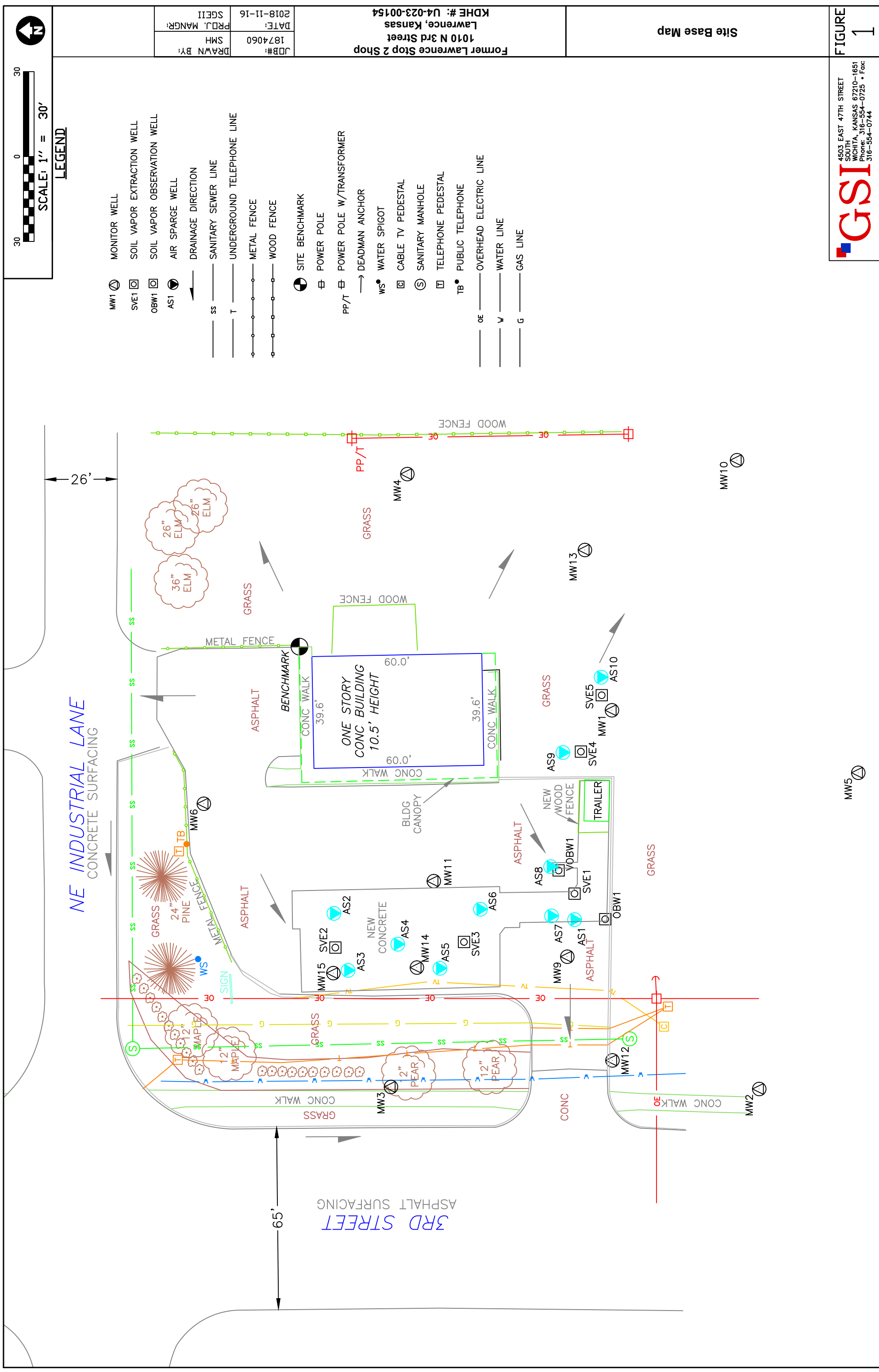
**8 TYPE OF CASING USED:**  Steel    PVC    Other ..... CASING JOINTS:  Glued    Clamped    Welded    Threaded  
 Casing diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface ..... in.   Weight ..... lbs./ft.   Wall thickness 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:**   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

**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.



**LEGEND**

- MW1 (circle with triangle) MONITOR WELL
- SVE1 (square with circle) SOIL VAPOR EXTRACTION WELL
- OBW1 (square with circle) SOIL VAPOR OBSERVATION WELL
- AS1 (circle with triangle) AIR SPARGE WELL
- (arrow) DRAINAGE DIRECTION
- SS (line with 'SS') SANITARY SEWER LINE
- T (line with 'T') UNDERGROUND TELEPHONE LINE
- (line with circles) METAL FENCE
- (line with squares) WOOD FENCE
- (circle with triangle) SITE BENCHMARK
- (circle with cross) POWER POLE
- PP/T (circle with cross) POWER POLE W/TRANSFORMER
- (arrow) DEADMAN ANCHOR
- WS (circle with cross) WATER SPIGOT
- (square with circle) CABLE TV PEDESTAL
- (circle with cross) SANITARY MANHOLE
- (square with circle) TELEPHONE PEDESTAL
- TB (circle with cross) PUBLIC TELEPHONE
- OE (line with 'OE') OVERHEAD ELECTRIC LINE
- V (line with 'V') WATER LINE
- G (line with 'G') GAS LINE

Former Lawrence Stop 2 Shop  
 1010 N 3rd Street  
 Lawrence, Kansas  
 KDHE #: U4-023-00154

JOB#: 1874060  
 DRAWN BY: SMH  
 DATE: 2018-11-16  
 PROJ. MANGR: SGEII

Site Base Map

FIGURE 1

GSI  
 4503 EAST 47TH STREET  
 SUITE 100  
 WICHITA, KANSAS 67210-1651  
 Phone: 316-554-0725 • Fax:  
 316-554-0744

MW5 (circle with triangle)