|||||||||||||||||||||||||||||||||| 1308302

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 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:

N

```
- - NW - - | - - NE - -
    W              E
- - SW - - | - - SE - -
```
X (in NE area)

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:
   ☐ 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.

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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 ……...