

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:

First:

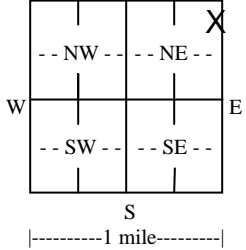
Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:

Business:
Address:
Address:
City:

State:

ZIP:

3 LOCATE WELL WITH "X" IN SECTION BOX:



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 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