

WATER WELL RECORD Form WWC-5 1257745

Original Record Correction Change in Well Use

Division of Water Resources App. No.

Well ID

| | | | | |
|---|---|----------------|------------------------|---|
| 1 LOCATION OF WATER WELL: County: | Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ | Section Number | Township Number T S | Range Number R <input type="checkbox"/> E <input type="checkbox"/> W |
|---|---|----------------|------------------------|---|

| | |
|--|---|
| 2 WELL OWNER: Last Name: _____ First: _____ 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: <input type="checkbox"/> |
|--|---|

3 LOCATE WELL WITH "X" IN SECTION BOX:
N

-- NW --

-- NE --

-- SW --

-- SE --

X

W

E

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)

SCREEN OR PERFORATION OPENINGS ARE:
 Continuous Slot Mill Slot Gauze Wrapped Torch Cut Drilled Holes Other (Specify)

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 |
|---------|----|----------------|--------|----|--|
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| | | | Notes: | | |
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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