# 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
            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:**    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.
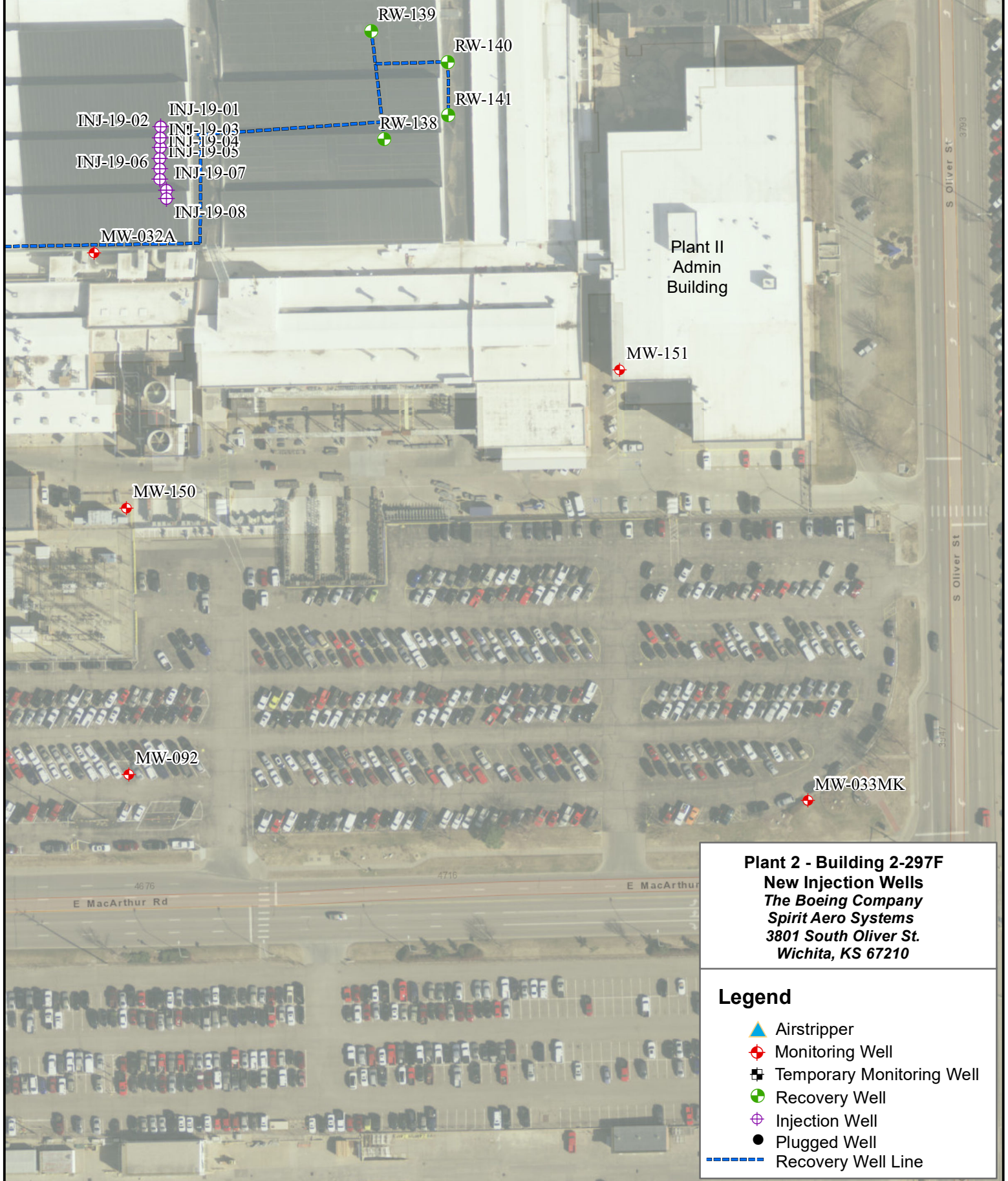Visit us at http://www.kdheks.gov/waterwell/index.html

KSA 82a-1212

Plant 2 - Building 2-297F
New Injection Wells
*The Boeing Company*
*Spirit Aero Systems*
*3801 South Oliver St.*
*Wichita, KS 67210*

**Legend**
- ▲ Airstripper
- ✛ Monitoring Well
- ▣ Temporary Monitoring Well
- ✚ Recovery Well
- ✚ Injection Well
- ● Plugged Well
- ▪▪▪ Recovery Well Line