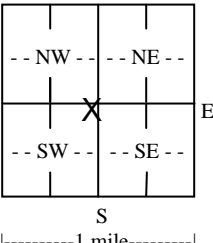


WATER WELL RECORD Form WWC-5

Original Record Correction Change in Well Use

Division of Water Resources App. No.

Well ID

<p>1 LOCATION OF WATER WELL: County: _____</p>	<p>Fraction 1/4 1/4 1/4 1/4</p>	<p>Section Number</p>	<p>Township Number T S</p>	<p>Range Number R <input type="checkbox"/> E <input type="checkbox"/> W</p>																					
<p>2 WELL OWNER: Last Name: _____ First: _____ Business: _____ Address: _____ Address: _____ City: _____ State: _____ ZIP: _____</p>		<p>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"/></p>																							
<p>3 LOCATE WELL WITH "X" IN SECTION BOX: N  S -----1 mile-----</p>	<p>4 DEPTH OF COMPLETED WELL: ft. Depth(s) Groundwater Encountered: 1) ft. 2) ft. 3) ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: ft. <input type="checkbox"/> below land surface, measured on (mo-day-yr)..... <input type="checkbox"/> 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.</p>		<p>5 Latitude:(decimal degrees) Longitude:(decimal degrees) Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 <u>Source for Latitude/Longitude:</u> <input type="checkbox"/> GPS (unit make/model:) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper:</p>																						
<p>7 WELL WATER TO BE USED AS:</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock</td> <td style="width: 33%;">5. <input type="checkbox"/> Public Water Supply: well ID</td> <td style="width: 33%;">10. <input type="checkbox"/> Oil Field Water Supply: lease</td> </tr> <tr> <td>2. <input type="checkbox"/> Irrigation</td> <td>6. <input type="checkbox"/> Dewatering: how many wells?</td> <td>11. Test Hole: well ID</td> </tr> <tr> <td>3. <input type="checkbox"/> Feedlot</td> <td>7. <input type="checkbox"/> Aquifer Recharge: well ID</td> <td><input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical</td> </tr> <tr> <td>4. <input type="checkbox"/> Industrial</td> <td>8. <input type="checkbox"/> Monitoring: well ID</td> <td>12. Geothermal: how many bores?</td> </tr> <tr> <td></td> <td>9. Environmental Remediation: well ID</td> <td>a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction</td> <td>b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Recovery <input type="checkbox"/> Injection</td> <td>13. <input type="checkbox"/> Other (specify):</td> </tr> </table>					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):
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	<input type="checkbox"/> Recovery <input type="checkbox"/> Injection	13. <input type="checkbox"/> Other (specify):																							
<p>Was a chemical/bacteriological sample submitted to KDHE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date sample was submitted:</p> <p>Water well disinfected? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																									
<p>8 TYPE OF CASING USED: <input type="checkbox"/> Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> 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.</p> <p>TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole)</p> <p>SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> Continuous Slot <input type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole)</p> <p>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.</p>																									
<p>9 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other</p> <p>Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft.</p> <p>Nearest source of possible contamination: No potential source of contamination within 200 ft. <input type="checkbox"/> Septic Tank <input type="checkbox"/> Lateral Lines <input type="checkbox"/> Pit Privy <input type="checkbox"/> Livestock Pens <input type="checkbox"/> Insecticide Storage <input type="checkbox"/> Sewer Lines <input type="checkbox"/> Cess Pool <input type="checkbox"/> Sewage Lagoon <input type="checkbox"/> Fuel Storage <input type="checkbox"/> Abandoned Water Well <input type="checkbox"/> Watertight Sewer Lines <input type="checkbox"/> Seepage Pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer Storage <input type="checkbox"/> Oil Well/Gas Well <input type="checkbox"/> Other (Specify)</p> <p>Direction from well? Distance from well? ft.</p>																									
10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS																				
			Notes:																						
<p>11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> 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</p>																									

Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.