



WATER WELL RECORD Form WWC-5 1253946

Original Record Correction Change in Well Use

Division of Water Resources App. No. _____

Well ID _____

1 LOCATION OF WATER WELL:

Fraction

Section Number

Township Number

Range Number

County: _____

¼ ¼ ¼ ¼

T S

R E W

2 WELL OWNER: Last Name:

First: _____

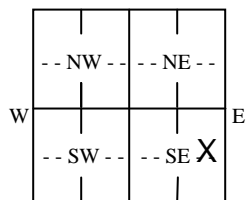
Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:

Business: _____
Address: _____
Address: _____
City: _____

State: _____ ZIP: _____

3 LOCATE WELL WITH "X" IN SECTION BOX:

N



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

Feedlot

Industrial

Public Water Supply: well ID _____

Dewatering: how many wells? _____

Aquifer Recharge: well ID _____

Monitoring: well ID _____

Environmental Remediation: well ID _____

Air Sparge Soil Vapor Extraction

Recovery Injection

Oil Field Water Supply: lease _____

Test Hole: well ID _____

Cased Uncased Geotechnical

Geothermal: how many bores? _____

a) Closed Loop Horizontal Vertical

b) Open Loop Surface Discharge Inj. of Water

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:

- | | | | | |
|---|--|--|---|---|
| <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) _____ | | | | |

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.