

# WATER WELL RECORD Form WWC-5

1309884

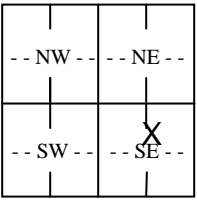
Division of Water Resources App. No.

Well ID

- 
- Original Record
- 
- Correction
- 
- Change in Well Use

<b>1 LOCATION OF WATER WELL:</b>	Fraction	Section Number	Township Number	Range Number
County:	<input type="checkbox"/> ¼ <input type="checkbox"/> ¼ <input type="checkbox"/> ¼ <input type="checkbox"/> ¼		T   S	R <input type="checkbox"/> E <input type="checkbox"/> W

<b>2 WELL OWNER:</b> 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: <input type="checkbox"/>
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<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N  W                      E S -----1 mile-----	<b>4 DEPTH OF COMPLETED WELL:</b> _____ 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.	<b>5 Latitude:</b> .....(decimal degrees) <b>Longitude:</b> .....(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: ..... <b>6 Elevation:</b> .....ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC <u>Source:</u> <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other .....
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<b>7 WELL WATER TO BE USED AS:</b>		
1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock 2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial	5. <input type="checkbox"/> Public Water Supply: well ID ..... 6. <input type="checkbox"/> Dewatering: how many wells? ..... 7. <input type="checkbox"/> Aquifer Recharge: well ID ..... 8. <input type="checkbox"/> Monitoring: well ID ..... 9. Environmental Remediation: well ID ..... <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	10. <input type="checkbox"/> Oil Field Water Supply: lease ..... 11. Test Hole: well ID ..... <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 12. Geothermal: how many bores? ..... a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water 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

<b>8 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other .....		<b>CASING JOINTS:</b> <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. ....			
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) ..... <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole)			
<b>SCREEN OR PERFORATION OPENINGS ARE:</b> <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)			
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.			

<b>9 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other .....			
Grout Intervals: From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.			
<b>Nearest source of possible contamination:</b> <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
			<b>Notes:</b>		

**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 .....