

WATER WELL RECORD**Form WWC-5**

1168237

Division of Water
Resources App. No.

Well ID

 Original Record Correction Change in Well Use**1 LOCATION OF WATER WELL:**

Fraction

Section Number

Township Number

Range Number

County:

1/4 1/4 1/4 1/4

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:

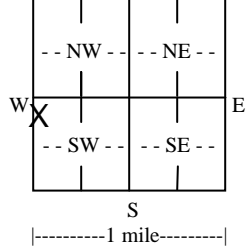
City:

State:

ZIP:

3 LOCATE WELL WITH "X" IN SECTION BOX:

N

**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 TOCSource: Land Survey GPS Topographic Map Other**7 WELL WATER TO BE USED AS:**

1. Domestic:

- Household
 Lawn & Garden
 Livestock

2. Irrigation3. Feedlot4. Industrial5. Public Water Supply: well ID6. Dewatering: how many wells?7. Aquifer Recharge: well ID8. Monitoring: well ID

9. Environmental Remediation: well ID

 Air Sparge Soil Vapor Extraction Recovery Injection10. Oil Field Water Supply: lease

11. Test Hole: well ID

 Cased Uncased Geotechnical

12. Geothermal: how many bores?

a) Closed Loop Horizontal Verticalb) Open Loop Surface Discharge Inj. of Water13. 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:

- 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**

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