

WATER WELL RECORD Form WWC-5 1350280

1350280

Division of Water
Resources App. No.

Well ID

☐ Original Record ☐ Correction ☐ Change in Well Use

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|--|----|---|--------|---|--|----------------------------|---|----------|--|---|--|--|--|---|--|--|--|--|
| 1 LOCATION OF WATER WELL: County: | | Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ | | Section Number | Township Number T S | Range Number R E W | | | | | | | | | | | | |
| 2 WELL OWNER: Last Name: _____ First: _____ Business: _____ 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"/> | | | | | | | | | | | | | | |
| 3 LOCATE WELL WITH "X" IN SECTION BOX: N <table border="1" style="margin: 10px auto; width: 150px; height: 100px; text-align: center; font-size: small;"><tr><td colspan="2">-- NW --</td><td colspan="2">-- NE --</td></tr><tr><td>-- SW --</td><td>X</td><td colspan="2">-- SE --</td></tr><tr><td colspan="2">S</td><td colspan="2"></td></tr></table> -----1 mile----- | | -- NW -- | | -- NE -- | | -- SW -- | X | -- SE -- | | S | | | | 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. | | 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: 6 Elevation: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 | | |
| -- NW -- | | -- NE -- | | | | | | | | | | | | | | | | |
| -- SW -- | X | -- SE -- | | | | | | | | | | | | | | | | |
| S | | | | | | | | | | | | | | | | | | |
| 7 WELL WATER TO BE USED AS: 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date sample was submitted: Water well disinfected? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | |
| 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. TYPE OF SCREEN OR PERFORATION MATERIAL: <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) 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) 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: <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. 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 | | | | | | | | | | | | | |
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| | | | Notes: | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | |
| Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> 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 | | | | | | | | | | | | | | | | | | |