

WATER WELL RECORD Form WWC-5

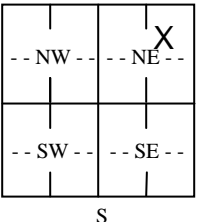
Original Record Correction Change in Well Use

Division of Water Resources App. No. _____

Well ID _____

1 LOCATION OF WATER WELL: County: _____ Fraction: 1/4 1/4 1/4 1/4 Section Number: _____ Township Number: T _____ S _____ Range Number: 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

W _____ E _____
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
3. Feedlot
4. Industrial
5. Public Water Supply: well ID

10. Oil Field Water Supply: lease

6. Dewatering: how many wells?
7. Aquifer Recharge: well ID
8. Monitoring: well ID

9. Environmental Remediation: well ID
 Air Sparge Soil Vapor Extraction
 Recovery Injection

11. Test Hole: well ID
 Cased Uncased Geotechnical

12. Geothermal: how many bores?
a) Closed Loop Horizontal Vertical
b) Open Loop Surface Discharge Inj. of Water

13. 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 PVC Other (Specify)
 Brass Galvanized Steel 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: No potential source of contamination within 200 ft.
 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

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