

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
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2 WELL OWNER: 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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<p>3 LOCATE WELL WITH "X" IN SECTION BOX: N</p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>-- NW --</td> <td>-- NE --</td> <td> </td> </tr> <tr> <td>W</td> <td> </td> <td>E</td> </tr> <tr> <td>-- SW --</td> <td>-- SE --</td> <td> </td> </tr> <tr> <td> </td> <td>X</td> <td> </td> </tr> <tr> <td> </td> <td>S</td> <td> </td> </tr> </table> <p> -----1 mile----- </p>				-- NW --	-- NE --		W		E	-- SW --	-- SE --			X			S		<p>4 DEPTH OF COMPLETED WELL: ft.</p> <p>Depth(s) Groundwater Encountered: 1) ft. 2) ft. 3) ft., or 4) <input type="checkbox"/> Dry Well</p> <p>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).....</p> <p>Pump test data: Well water was ft. after hours pumping gpm Well water was ft. after hours pumping gpm</p> <p>Estimated Yield:gpm Bore Hole Diameter: in. to ft. and in. to ft.</p>	<p>5 Latitude:(decimal degrees) Longitude:(decimal degrees) Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <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:</p> <p>6 Elevation:ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other</p>
-- NW --	-- NE --																			
W		E																		
-- SW --	-- SE --																			
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	S																			

<p>7 WELL WATER TO BE USED AS:</p> <p>1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock</p> <p>2. <input type="checkbox"/> Irrigation</p> <p>3. <input type="checkbox"/> Feedlot</p> <p>4. <input type="checkbox"/> Industrial</p>	<p>5. <input type="checkbox"/> Public Water Supply: well ID</p> <p>6. <input type="checkbox"/> Dewatering: how many wells?</p> <p>7. <input type="checkbox"/> Aquifer Recharge: well ID</p> <p>8. <input type="checkbox"/> Monitoring: well ID</p> <p>9. Environmental Remediation: well ID</p> <p><input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection</p>	<p>10. <input type="checkbox"/> Oil Field Water Supply: lease</p> <p>11. Test Hole: well ID <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical</p> <p>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</p> <p>13. <input type="checkbox"/> Other (specify):</p>
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Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:

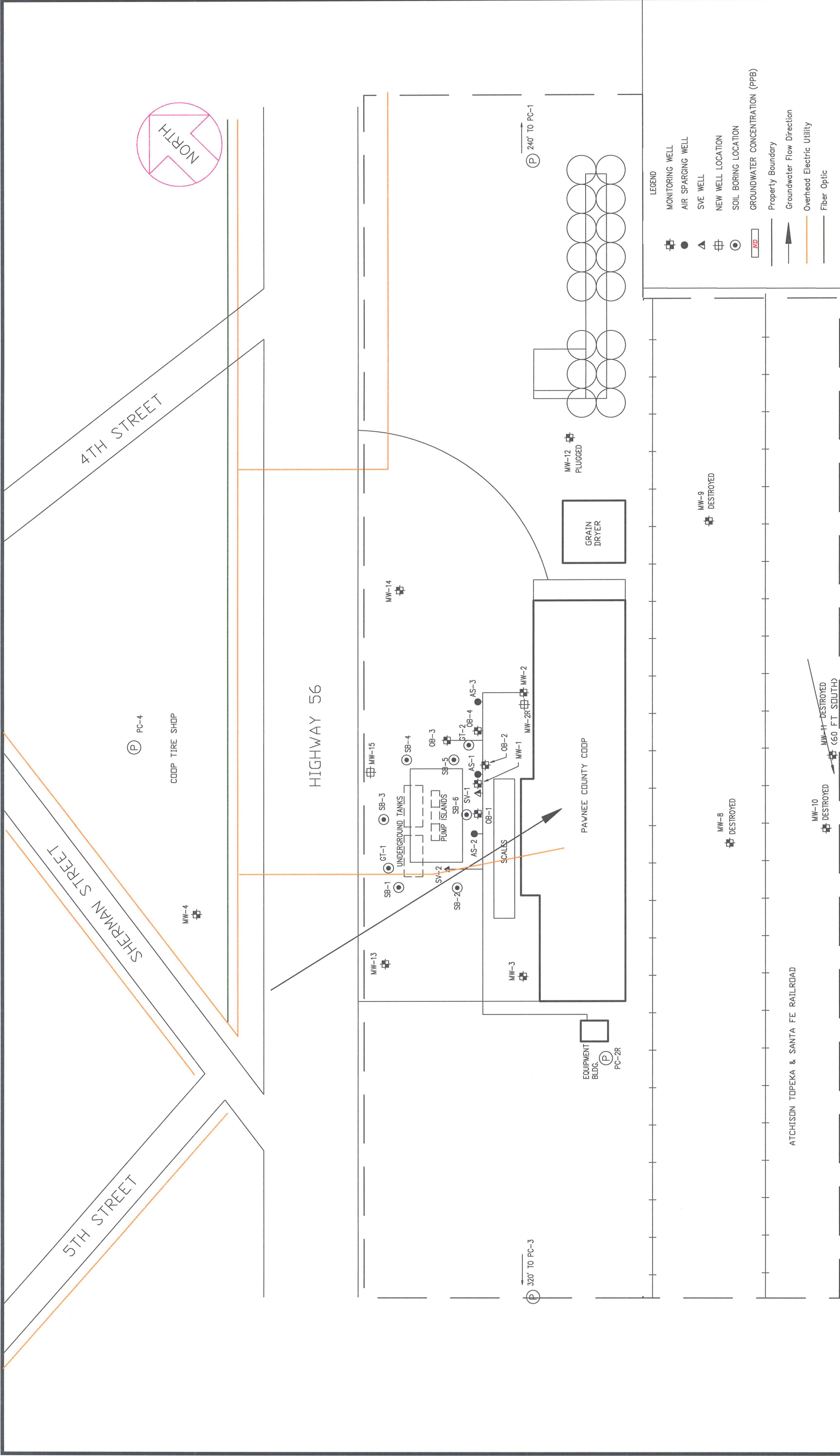
Water well disinfected? Yes No

<p>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</p> <p>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.</p> <p>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)</p> <p><input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole)</p> <p>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)</p> <p><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)</p> <p>SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft.</p> <p>GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft.</p>

<p>9 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other</p> <p>Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft.</p> <p>Nearest source of possible contamination:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Septic Tank</td> <td><input type="checkbox"/> Lateral Lines</td> <td><input type="checkbox"/> Pit Privy</td> <td><input type="checkbox"/> Livestock Pens</td> <td><input type="checkbox"/> Insecticide Storage</td> </tr> <tr> <td><input type="checkbox"/> Sewer Lines</td> <td><input type="checkbox"/> Cess Pool</td> <td><input type="checkbox"/> Sewage Lagoon</td> <td><input type="checkbox"/> Fuel Storage</td> <td><input type="checkbox"/> Abandoned Water Well</td> </tr> <tr> <td><input type="checkbox"/> Watertight Sewer Lines</td> <td><input type="checkbox"/> Seepage Pit</td> <td><input type="checkbox"/> Feedyard</td> <td><input type="checkbox"/> Fertilizer Storage</td> <td><input type="checkbox"/> Oil Well/Gas Well</td> </tr> </table> <p><input type="checkbox"/> Other (Specify)</p> <p>Direction from well? Distance from well? ft.</p>	<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
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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



Scale in Feet:

0 50

Date:	08/28/18	Project Number:	C014406
File Name:	Pawnee Coop Base Map	Manager:	MAJ
Checked By:	MAJ	Drawn By:	MAJ

Site Name:
PAWNEE COUNTY COOP.
GARFIELD, KANSAS

KDHE Project Code: U1-073-00862

ENVIRONMENTAL
REMEDIATION
MONITORING, INC.

PAWNEE COUNTY COOP AREA BASE MAP