

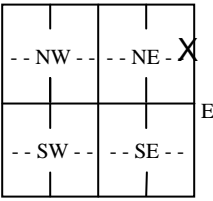


WATER WELL RECORD Form WWC-5 1210419

Division of Water Resources App. No. []

Well ID []

Original Record Correction Change in Well Use

1 LOCATION OF WATER WELL:		Fraction 1/4 1/4 1/4 1/4		Section Number	Township Number T S	Range Number R <input type="checkbox"/> E <input type="checkbox"/> W		
County: []								
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: <input type="checkbox"/>		
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) <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 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:			
7 WELL WATER TO BE USED AS:								
1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock			5. <input type="checkbox"/> Public Water Supply: well ID			10. <input type="checkbox"/> Oil Field Water Supply: lease		
2. <input type="checkbox"/> Irrigation			6. <input type="checkbox"/> Dewatering: how many wells?			11. Test Hole: well ID		
3. <input type="checkbox"/> Feedlot			7. <input type="checkbox"/> Aquifer Recharge: well ID			12. Geothermal: how many bores?		
4. <input type="checkbox"/> Industrial			8. <input type="checkbox"/> Monitoring: well ID			a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical		
			9. Environmental Remediation: well ID			b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water		
			<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction			13. <input type="checkbox"/> Other (specify):		
			<input type="checkbox"/> Recovery <input type="checkbox"/> Injection					
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
		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