

WATER WELL RECORD Form WWC-5

Original Record Correction Change in Well Use

Division of Water Resources App. No.

Well ID

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:

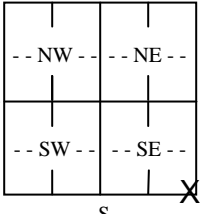
City:

State:

ZIP:

3 LOCATE WELL WITH 'X' IN SECTION BOX:

N



W

E

S

-----1 mile-----

4 DEPTH OF COMPLETED WELL:

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 Irrigation Feedlot Industrial
2. Public Water Supply: well ID
3. Dewatering: how many wells?
4. Aquifer Recharge: well ID
5. Monitoring: well ID
6. Environmental Remediation: well ID
7. Air Sparge Soil Vapor Extraction Recovery Injection
8. Oil Field Water Supply: lease
9. Test Hole: well ID Cased Uncased Geotechnical
10. Geothermal: how many bores?
11. Closed Loop Horizontal Vertical
12. 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.

Table with 6 columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, LITHO. LOG (cont.) or PLUGGING INTERVALS. Includes a Notes section.

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

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