

**WATER WELL RECORD Form WWC-5 1142876**Division of Water
Resources App. No.

Well ID

 Original Record Correction Change in Well Use**1 LOCATION OF WATER WELL:**

Fraction

Section Number

Township Number

Range Number

County:

 $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$

T S

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:

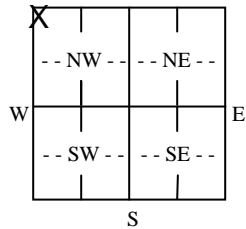
City:

State:

ZIP:

3 LOCATE WELL WITH "X" IN SECTION BOX:

N



-----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 TOCSource: Land Survey GPS Topographic Map Other**7 WELL WATER TO BE USED AS:**

1. Domestic:

-
- Household
-
-
- Lawn & Garden
-
-
- Livestock

5. Public Water Supply: well ID6. Dewatering: how many wells?7. Aquifer Recharge: well ID8. Monitoring: well ID

9. Environmental Remediation: well ID

 Air Sparge Soil Vapor Extraction Recovery Injection10. Oil Field Water Supply: lease

11. Test Hole: well ID

 Cased Uncased Geotechnical

12. Geothermal: how many bores?

a) Closed Loop Horizontal Verticalb) Open Loop Surface Discharge Inj. of Water13. 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
-
- Fiberglass
-
- PVC
-
- Other (Specify)

 Brass Galvanized Steel Concrete tile 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:

-
- 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

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

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>

KSA 82a-1212