

| WATER WELL RECORD Form WWC-5 1333419 Division of Water Resources App. No. Well ID Well ID | | | | | | | | | | |
|--|---|--|-------------------------|-------------------|--|---|---|--|--|--|
| | | | Fraction | | | | Well ID Township Number Range Number | | | |
| County: | | | | | | T S | $\begin{array}{c} R \\ R \\ \Box E \\ \Box W \end{array}$ | | | |
| | OWNER: L | ast Name: | First: | | ral Address | where well is located (| | | | |
| Business | | | 1 1100 | | | | 's address, check here: | | | |
| Address: | Address: | | | | | | | | | |
| Address: City: | | State: | ZIP: | | | | | | | |
| 3 LOCATE WELL | | | | | | | | | | |
| | WITH "X" IN 4 DEPTH OF COMPLETED WELL: | | | | | | | | | |
| | Depth(s) Groundwater Encountered: 1) ft 2) ft. 3) ft., or 4) \Box Dry W | | | | Longitude: | | | | | |
| 1 | WELL'S STATIC WATER LEVEL: | | | | | Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude: | | | | |
| | | □ below land surfa | -yr) | | |) | | | | |
| NW | NE | above land surface, measured on (mo-day-yr) | | | | (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map | | | | |
| | | Pump test data: Well water was ft. | | | | | | | | |
| w X | E | | urs pumping1 water was1 | | | Online Mapper: | | | | |
| SW | SE | | after hours pumping | | | | | | | |
| | | Estimated Yield: | | 01 | 6 Elevation:ft. Ground Level TOC | | | | | |
| | S | | | in. to ft. and | | Source: \Box Land Survey \Box GPS \Box Topographic Map | | | | |
| 1 | 1 mile in. to ft. | | | | | ☐ Other | | | | |
| 7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID | | | | | | | | | | |
| | Domestic:5. □ Public Water Supply: well ID□ Household6. □ Dewatering: how many wells? | | | | | | | | | |
| | & Garden | | Recharge: well ID | | □ Cased □ Uncased □ Geotechnical | | | | | |
| Livest | ock | 8. Monitoring: well ID | | | | 12. Geothermal: how many bores? | | | | |
| | □ Irrigation 9. Environmental Remediation: well ID | | | | a) Closed Loop 🔲 Horizontal 🗌 Vertical | | | | | |
| | 3. 🗌 Feedlot 🔅 🗌 Soil Vapor | | | | b) Open Loop \Box Surface Discharge \Box Inj. of Water | | | | | |
| 4. Industrial Recovery Injection 13. Other (specify): | | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted: | | | | | | | | | | |
| | | | | CAST | NC IONTO | | | | | |
| 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., From ft. to ft. | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From 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. | | | | | | | | | | |
| | - | e 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? ft. | | | | | | | | | | |
| 10 FROM | TO | LITHOL | OGIC LOG | FROM | TO | LITHO. LOG (cont.) or | PLUGGING INTERVALS | | | |
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| | 1 | | | Notes: | | | | | | |
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| 11 CONT | DACTORS | | | | a | | notworked on a share i | | | |
| 11 CONT | RACTOR'S | OR LANDOWNER | CERTIFICATION | N: This wate | r well was [|] constructed, [] records true to the best of my | nstructed, or plugged | | | |
| under mv i | urisdiction a | nd was completed on | (mo-dav-vear) | and | this record i | s true to the best of my | knowledge and belief. | | | |
| under my j Kansas Wa | urisdiction an ater Well Cor pusiness name | nd was completed on ntractor's License No. | (mo-day-year) | and ater Well Red | this record i cord was cor | s true to the best of my npleted on (mo-day-ye | v knowledge and belief. ar) | | | |
| under my j Kansas Wa under the b | urisdiction an ater Well Cor pusiness name | nd was completed on attractor's License No. e of Send one copy to WATER | (mo-day-year) This Wa | and ater Well Rec | this record i cord was con ords. Fee of \$5 | s true to the best of my npleted on (mo-day-ye | v knowledge and belief. ar) | | | |