

**WATER WELL RECORD****Form WWC-5**

1263227

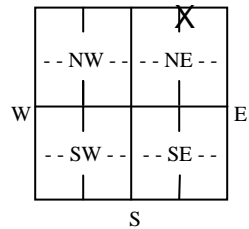
Division of Water
Resources App. No.

Well ID

-
- Original Record
-
- Correction
-
- Change in Well Use

1 LOCATION OF WATER WELL: County:	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
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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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3 LOCATE WELL WITH "X" IN SECTION BOX:
N**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 27Source 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:
<input type="checkbox"/> Household
<input type="checkbox"/> Lawn & Garden
<input type="checkbox"/> Livestock
2. <input type="checkbox"/> Irrigation
3. <input type="checkbox"/> Feedlot
4. <input type="checkbox"/> Industrial | 5. <input type="checkbox"/> Public Water Supply: well ID | 10. <input type="checkbox"/> Oil Field Water Supply: lease |
| 6. <input type="checkbox"/> Dewatering: how many wells? | 7. <input type="checkbox"/> Aquifer Recharge: well ID | 11. Test Hole: well ID |
| 8. <input type="checkbox"/> Monitoring: well ID | 9. Environmental Remediation: well ID | <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical |
| <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction | <input type="checkbox"/> Recovery <input type="checkbox"/> Injection | 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 |
| | | 13. <input type="checkbox"/> 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:

- | | | | | |
|---|--|--|---|---|
| <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

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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