

**WATER WELL RECORD Form WWC-5 1243215**

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 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:

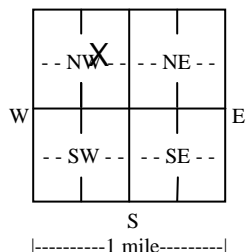
City:

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

2. Irrigation3. Feedlot4. Industrial5. 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>

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