WATER WELL RECORD Form WWC-5 Division of Water Original Record Correction Change in Well Use Well ID Resources App. No. LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number SE 4NW 4NE 4NE 4 12 R 3 □E 🛛 W County: 6 G Wit. 2 WELL OWNER: Last Name: T 27 S First: George Street or Rural Address where well is located (if unknown, distance and Tours direction from nearest town or intersection): If at owner's address, check here: State: 14 ZIP: 67052 3 LOCATE WELL 4 DEPTH OF COMPLETED WELL: .120.... ft. 5 Latitude: .....(decimal degrees) WITH "X" IN Depth(s) Groundwater Encountered: 1) ........................ ft. Longitude: .....(decimal degrees) SECTION BOX: 2) ...... ft. 3) ..... ft., or 4) \( \subseteq \text{ Dry Well WELL'S STATIC WATER LEVEL: ..... ft. } \) Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27 N Source for Latitude/Longitude: below land surface, measured on (mo-day-yr)..... GPS (unit make/model: .....) above land surface, measured on (mo-day-yr)..... (WAAS enabled? ☐ Yes ☐ No) - - NE -Pump test data: Well water was ...... ft. ☐ Land Survey ☐ Topographic Map after...... hours pumping ...... gpm Е Online Mapper: ..... Well water was ...... ft. -- SW ---- SE -after..... hours pumping ...... gpm 6 Elevation: ......ft. ☐ Ground Level ☐ TOC Estimated Yield: 20.7....gpm Source: Land Survey GPS Topographic Map Other ..... -l mile ..... in. to ...... ft. 7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID ..... 10. Oil Field Water Supply: lease ..... 11. Test Hole: well ID ..... 6. Dewatering: how many wells? ..... ☐ Household 7. Aquifer Recharge: well ID ..... ☐ Cased ☐ Uncased ☐ Geotechnical ☐ Lawn & Garden 8. Monitoring: well ID ..... ☐ Livestock 12. Geothermal: how many bores? ..... 9. Environmental Remediation: well ID ..... 2. Irrigation 3. Feedlot ☐ Air Sparge ☐ Soil Vapor Extraction b) Open Loop Surface Discharge 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: Water well disinfected? ✓ Yes ☐ No TYPE OF SCREEN OR PERFORATION MATERIAL: ☐ Steel ☐ Stainless Steel ☐ Fiberglass PVC Other (Specify) ..... None used (open hole) ☐ Brass ☐ Galvanized Steel ☐ Concrete tile SCREEN OR PERFORATION OPENINGS ARE: Nearest source of possible contamination: ☐ Septic Tank M 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? ..... 10 FROM LITHOLOGIC LOG FROM LITHO. LOG (cont.) or PLUGGING INTERVALS TO **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) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas 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 Revised 9/10/2012