

WATER WELL RECORD Form WWC-5 1323089

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:

1/4 1/4 1/4 1/4

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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: _____

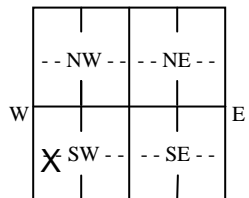
City: _____

State: _____

ZIP: _____

3 LOCATE WELL WITH "X" IN SECTION BOX:

N



S

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 TOC

Source: Land Survey GPS Topographic Map

Other _____

7 WELL WATER TO BE USED AS:

1. Domestic:

- Household
- Lawn & Garden
- Livestock

2. Irrigation

3. Feedlot

4. Industrial

5. Public Water Supply: well ID _____

6. Dewatering: how many wells? _____

7. Aquifer Recharge: well ID _____

8. Monitoring: well ID _____

9. Environmental Remediation: well ID _____

Air Sparge Soil Vapor Extraction

Recovery Injection

10. Oil Field Water Supply: lease _____

11. Test Hole: well ID _____

Cased Uncased Geotechnical

12. Geothermal: how many bores? _____

a) Closed Loop Horizontal Vertical

b) Open Loop Surface Discharge Inj. of Water

13. 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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