

WATER WELL RECORD

Form WWC-5

1230207

Division of Water
Resources App. No. _____

Well ID _____

 Original Record Correction Change in Well Use

| | | | | |
|---|---|----------------|---------------------------|---|
| 1 LOCATION OF WATER WELL: County: | Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ | 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: _____ 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 <table border="1" style="margin: 10px auto;"><tr><td style="width:30px;">NW</td><td style="width:30px;">X</td><td style="width:30px;">NE</td></tr><tr><td>W</td><td></td><td>E</td></tr><tr><td>SW</td><td></td><td>SE</td></tr><tr><td colspan="3" style="text-align:center;">S</td></tr></table> -----1 mile----- | NW | X | NE | W | | E | SW | | SE | S | | | 4 DEPTH OF COMPLETED WELL: _____ ft. Depth(s) Groundwater Encountered: 1) _____ ft. 2) _____ ft. 3) _____ ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: _____ ft. <input type="checkbox"/> below land surface, measured on (mo-day-yr)..... <input type="checkbox"/> 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: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input type="checkbox"/> GPS (unit make/model:) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: 6 Elevation:ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other |
| NW | X | NE | | | | | | | | | | | | |
| W | | E | | | | | | | | | | | | |
| SW | | SE | | | | | | | | | | | | |
| S | | | | | | | | | | | | | | |

7 WELL WATER TO BE USED AS:

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|--|--|-------------------------------------|--|--|---|---|---|---|--|--|------------------------------|---|---------------------------------------|--|---|
| 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 | 6. <input type="checkbox"/> Dewatering: how many wells? | 7. <input type="checkbox"/> Aquifer Recharge: well ID | 8. <input type="checkbox"/> Monitoring: well ID | 9. Environmental Remediation: well ID | <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection | 10. <input type="checkbox"/> Oil Field Water Supply: lease | 11. Test Hole: well ID | <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical | 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:
 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 |
|---------|----|----------------|---------------|----|--|
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| | | | 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