

**WATER WELL RECORD Form WWC-5**

Original Record  Correction  Change in Well Use

Division of Water Resources App. No.

Well ID

<b>1 LOCATION OF WATER WELL:</b> County: _____	Fraction <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/4	Section Number _____	Township Number T          S	Range Number R          E          W
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<b>2 WELL OWNER:</b> 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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<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> <div style="text-align: center;"> <table border="1" style="width: 80px; height: 80px; margin: auto;"> <tr><td style="text-align: center;">NW</td><td style="text-align: center;">NE</td></tr> <tr><td style="text-align: center;">SW</td><td style="text-align: center;">SE</td></tr> </table>   <div style="display: flex; justify-content: space-between; width: 80px;"><span>W</span><span>E</span></div> <p style="text-align: center;">S</p> <p style="text-align: center;"> -----1 mile----- </p> </div>	NW	NE	SW	SE	<b>4 DEPTH OF COMPLETED WELL:</b> ..... 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.	<b>5 Latitude:</b> ..... (decimal degrees) <b>Longitude:</b> ..... (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: .....
NW	NE					
SW	SE					

**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 .....	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 .....	10. <input type="checkbox"/> Oil Field Water Supply: lease .....	11. Test Hole: well ID .....	12. Geothermal: how many bores? .....	13. <input type="checkbox"/> Other (specify): .....
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Air Sparge           Soil Vapor Extraction  
 Recovery                 Injection  
 Cased    Uncased    Geotechnical  
 a) Closed Loop  Horizontal  Vertical  
 b) Open Loop  Surface Discharge    Inj. of Water

**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                                   PVC                                   Other (Specify) .....

Brass           Galvanized Steel                                 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.

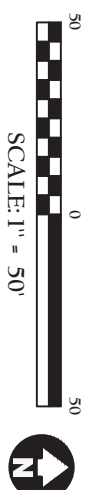
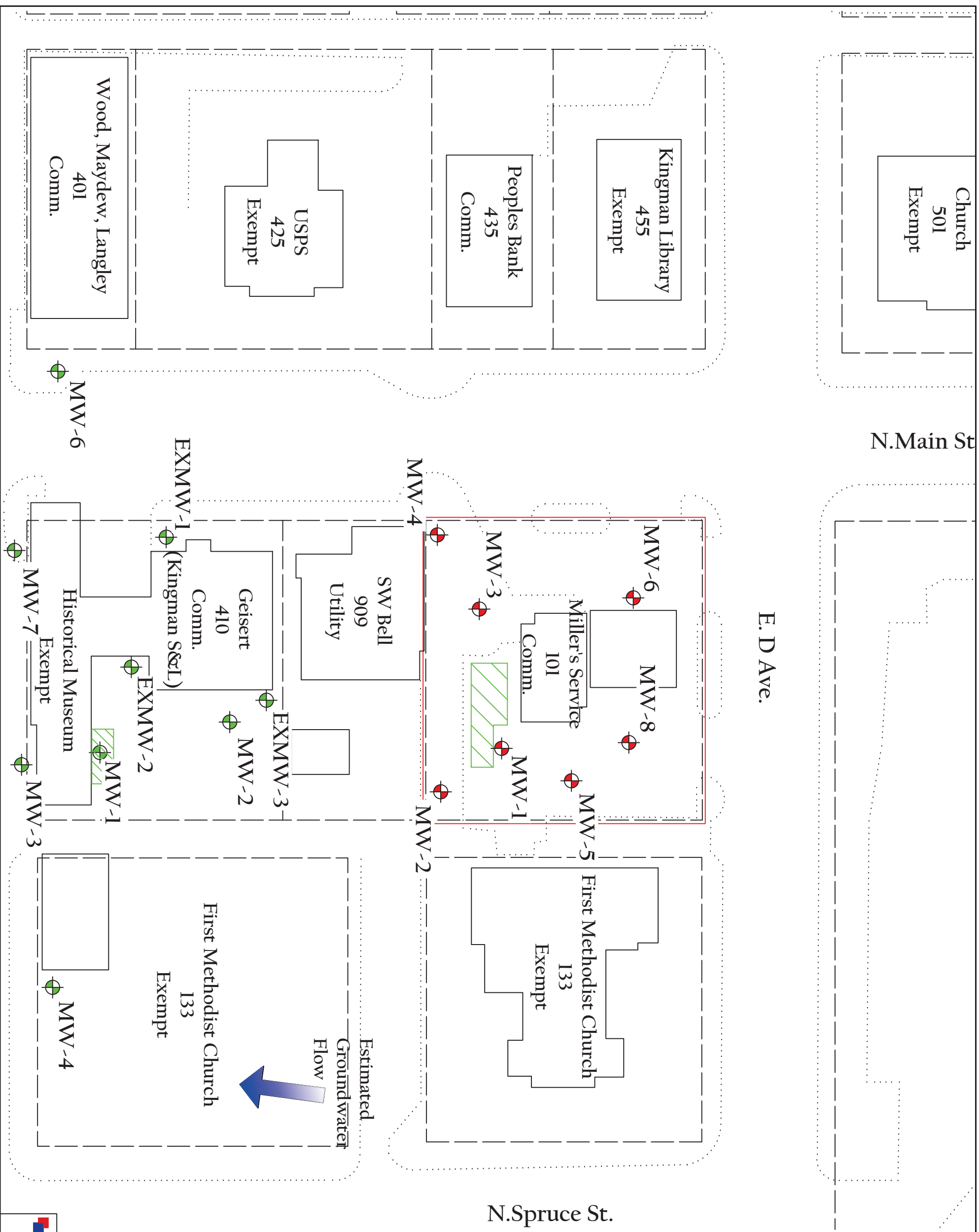
**Nearest source of possible contamination:**    No potential source of contamination within 200 ft.

<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

**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 .....



**LEGEND**

- = Approximate Site Boundary
  - = Kingman Co. Parcels
  - ◆ = Monitoring Wells
  - ◆ = Kingman S&L Monitoring Wells
  - ◆ = Plugged Well
  - = Soil Boring
  - = GeoTech Boring
  - = UST
  - = Overhead Electric (-20')
  - = Communication Line (-20')
  - = Gas Line (24" BGS)
  - = Water Line (30" BGS)
  - = Sewer Line (30-48" BGS)
- Pump Island & Product Line Locations are Unknown
- All locations and boundaries are approximate

<b>JOB#:</b> 1874244	<b>DRAWN BY:</b> CN
<b>DATE:</b> 2019-09-12	<b>PROJ. MANGR:</b> DR

Miller's Service  
 KDHE #: U2-048-14993  
 101 E. D Ave.  
 Kingman, Kansas

SITE BASE MAP