

WATER WELL RECORD Form WWC-5

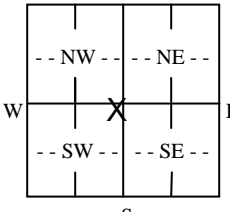
Original Record Correction Change in Well Use

Division of Water Resources App. No.

Well ID

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| 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: _____ | 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: <input type="checkbox"/> |
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| 3 LOCATE WELL WITH "X" IN SECTION BOX: N  S -----1 mile----- | 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: |
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| 7 WELL WATER TO BE USED AS: | | |
| 1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock | 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 | 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 |
| 2. <input type="checkbox"/> Irrigation | 9. Environmental Remediation: well ID <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection | 13. <input type="checkbox"/> Other (specify): |
| 3. <input type="checkbox"/> Feedlot | | |
| 4. <input type="checkbox"/> Industrial | | |

Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:

Water well disinfected? Yes No

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| 8 TYPE OF CASING USED: <input type="checkbox"/> Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other | CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> 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: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) | |
| <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole) | |
| SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> Continuous Slot <input type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify) | |
| <input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input type="checkbox"/> Saw Cut <input type="checkbox"/> 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. | |

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| 9 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other |
| Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft. |
| Nearest source of possible contamination: |
| <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 |
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| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> 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) | Notes: |
| under the business name of | |

