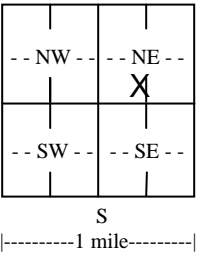


# WATER WELL RECORD Form WWC-5 1108245

Original Record    Correction    Change in Well Use

Division of Water Resources App. No.

Well ID

<b>1 LOCATION OF WATER WELL:</b>		Fraction		Section Number		Township Number		Range Number	
County:		$\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$				T   S		R <input type="checkbox"/> E <input type="checkbox"/> W	
<b>2 WELL OWNER:</b> 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: <input type="checkbox"/>					
Business:									
Address:									
Address:									
City:   State:   ZIP:									
<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N		<b>4 DEPTH OF COMPLETED WELL:</b> ..... ft.				<b>5 Latitude:</b> .....(decimal degrees)			
		Depth(s) Groundwater Encountered: 1) ..... ft.				<b>Longitude:</b> .....(decimal degrees)			
		2) ..... ft.   3) ..... ft., or 4) <input type="checkbox"/> Dry Well							
		WELL'S STATIC WATER LEVEL: ..... ft.				Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27			
		<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.				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: .....			
		after ..... hours pumping ..... gpm							
		Well water was ..... ft.							
		after ..... hours pumping ..... gpm							
		Estimated Yield: .....gpm				<b>6 Elevation:</b> .....ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC			
		Bore Hole Diameter: ..... in. to ..... ft. and ..... in. to ..... ft.							
<b>7 WELL WATER TO BE USED AS:</b>									
1. Domestic:		5. <input type="checkbox"/> Public Water Supply: well ID .....		10. <input type="checkbox"/> Oil Field Water Supply: lease .....					
<input type="checkbox"/> Household		6. <input type="checkbox"/> Dewatering: how many wells? .....		11. Test Hole: well ID .....					
<input type="checkbox"/> Lawn & Garden		7. <input type="checkbox"/> Aquifer Recharge: well ID .....		<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical					
<input type="checkbox"/> Livestock		8. <input type="checkbox"/> Monitoring: well ID .....		12. Geothermal: how many bores? .....					
2. <input type="checkbox"/> Irrigation		9. Environmental Remediation: well ID .....		a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical					
3. <input type="checkbox"/> Feedlot		<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction		b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water					
4. <input type="checkbox"/> Industrial		<input type="checkbox"/> Recovery <input type="checkbox"/> Injection		13. <input type="checkbox"/> Other (specify): .....					
<b>Was a chemical/bacteriological sample submitted to KDHE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, date sample was submitted: ..... <b>Water well disinfected?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>8 TYPE OF CASING USED:</b> <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. ....									
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>									
<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)									
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>									
<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.									
<b>9 GROUT MATERIAL:</b> <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.									
<b>Nearest source of possible contamination:</b>									
<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.									
<b>10 FROM</b>	<b>TO</b>	<b>LITHOLOGIC LOG</b>			<b>FROM</b>	<b>TO</b>	<b>LITHO. LOG (cont.) or PLUGGING INTERVALS</b>		
				<b>Notes:</b>					
<b>11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> 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) ..... 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.