

# WATER WELL RECORD Form WWC-5 1250580

 Original Record     Correction     Change in Well Use

Division of Water Resources App. No.

Well ID

## 1 LOCATION OF WATER WELL:

County:

Fraction

 1/4     1/4     1/4     1/4

Section Number

Township Number

 T

 S

Range Number

 R

 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:

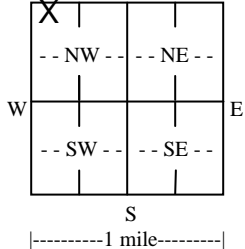
Address:

City:

State:

ZIP:

## 3 LOCATE WELL WITH "X" IN SECTION BOX:



## 4 DEPTH OF COMPLETED WELL:

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

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
			<b>Notes:</b>		

## 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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