

WATER WELL RECORD Form WWC-5 1210142

Original Record
 Correction
 Change in Well Use

Division of Water Resources App. No. _____

Well ID _____

1 LOCATION OF WATER WELL: 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 R E W	Range Number _____
---	---	----------------------	--	--------------------

2 WELL OWNER: 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"/>
--	---

3 LOCATE WELL WITH "X" IN SECTION BOX: N <div style="text-align: center;"> <table border="1" style="margin: 0 auto;"> <tr><td style="padding: 2px;">NW</td><td style="padding: 2px;">NE</td></tr> <tr><td style="padding: 2px;">SW</td><td style="padding: 2px;">SE</td></tr> </table> <p style="margin: 2px 0;">W _____ E</p> <p style="margin: 2px 0;">S</p> <p style="margin: 2px 0;">-----1 mile-----</p> </div> X	NW	NE	SW	SE	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: _____
NW	NE					
SW	SE					

7 WELL WATER TO BE USED AS:

1. <input type="checkbox"/> 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:

<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
			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 _____.

Form	WWC5
Contractor	Chas. Sargent Irrigation, Inc.
Well Owner	Karen Larson
Doc ID	1210142

Litholgy

From	To	LithologicLog
0	2	Topsoil
2	15	Fine Sand w/sandy clay layers
15	20	Sandy Clay
20	34	Fine Sand w/clay layers
34	40	Brown Clay
40	48	Brown Clay
48	52	Brown Clay w/few sand streaks
52	60	Brown Clay w/caliche stringers
60	70	Brown Clay
70	80	Coarse Sand very fine gravel w/clay layers & caliche stringers
80	90	Stiff Brown and red clay
90	100	Coarse sand w/red clay layers
100	114	Fine sand w/hard brown sandstone and caliche stringers
114	120	Brown clay w/hard sandstone & caliche layers
120	140	Hard sandstone w/clay & caliche streaks
140	160	Hard sandstone w/clay layers
160	163	Hard sandstone
163	177	Coarse sand and very fine gravel

Form	WWC5
Contractor	Chas. Sargent Irrigation, Inc.
Well Owner	Karen Larson
Doc ID	1210142

Litholgy

From	To	LithologicLog
177	180	Coarse sand and very fine gravel w/clay traces
180	189	Coarse sand and very fine gravel
189	200	Coarse sand and very fine gravel w/caliche stringers and sandstone traces
200	203	Coarse sand and very fine gravel
203	207	Medium sand w/clay layers