

# WATER WELL RECORD Form WWC-5 1351765

Division of Water Resources App. No.  

Well ID  

Original Record    Correction    Change in Well Use

<b>1 LOCATION OF WATER WELL:</b> County:		Fraction 1/4   1/4   1/4   1/4		Section Number		Township Number T   S		Range Number R   E   W																			
<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"/>																						
<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"><tr><td>X</td><td></td><td></td></tr><tr><td>-- NW --</td><td>-- NE --</td><td></td></tr><tr><td>W</td><td></td><td>E</td></tr><tr><td>-- SW --</td><td>-- SE --</td><td></td></tr><tr><td></td><td>S</td><td></td></tr><tr><td colspan="3"> -----1 mile----- </td></tr></table>			X			-- NW --	-- NE --		W		E	-- SW --	-- SE --			S		-----1 mile-----			<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 <b>Source for Latitude/Longitude:</b> <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: .....			
X																											
-- NW --	-- NE --																										
W		E																									
-- SW --	-- SE --																										
	S																										
-----1 mile-----																											

<b>7 WELL WATER TO BE USED AS:</b>				
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 ..... <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

<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. ....		
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.		

<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.		

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 .....