

**WATER WELL RECORD**

**Form WWC-5**

1237765

Division of Water Resources App. No.

Well ID

Original Record  Correction  Change in Well Use

**1 LOCATION OF WATER WELL:**

Fraction

Section Number

Township Number

Range Number

County:

1/4 1/4 1/4 1/4

T S

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:

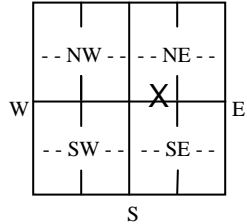
Address:

City:

State:

ZIP:

**3 LOCATE WELL WITH "X" IN SECTION BOX:**  
N



**4 DEPTH OF COMPLETED WELL:** ..... ft.

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
			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 .....

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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