WATER WELL RECORD   Form WWC-5

☐ Original Record   ☐ Correction   ☐ Change in Well Use

Division of Water Resources App. No. ☐   Well ID ☐

1 LOCATION OF WATER WELL:

County: _____

Fraction				Section Number	Township Number	Range Number
¼	¼	¼	¼		T S	R ☐ E ☐ W

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: ☐

3 LOCATE WELL WITH "X" IN SECTION BOX:

N

- - NW - -	- - NE - X
- - SW - -	- - SE - -

W .... E

S

|----------1 mile--------|

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 ……...