||| 1119529 |||||||||

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 ¼ ¼ ¼ ¼	Section Number	Township Number T S	Range Number 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 - -

W ⊠ E

- - SW - -   - - SE - -

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 ……...

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   KSA 82a-1212