

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 <div style="text-align:center; font-size: small;">¼ ¼ ¼ ½</div>		Section Number	Township Number T S R	Range Number R E W																				
2 WELL OWNER: Last Name: _____ First: _____ Business: _____ 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; margin-top: 10px;"><table border="1" style="margin:auto; width: 100px; height: 100px;"><tr><td></td><td></td><td>X</td><td></td></tr><tr><td>NW</td><td></td><td></td><td>NE</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td>SW</td><td></td><td></td><td>SE</td></tr><tr><td></td><td>S</td><td></td><td>E</td></tr></table><p style="font-size: x-small; text-align: center;">-----1 mile-----</p></div>				X		NW			NE					SW			SE		S		E	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 <u>Source for Latitude/Longitude:</u> <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: 6 Elevation:ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC <u>Source:</u> <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other	
		X																								
NW			NE																							
SW			SE																							
	S		E																							
7 WELL WATER TO BE USED AS: <div style="display: flex; justify-content: space-between;"><div><div>1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock</div><div>2. <input type="checkbox"/> Irrigation</div><div>3. <input type="checkbox"/> Feedlot</div><div>4. <input type="checkbox"/> Industrial</div></div><div><div>5. <input type="checkbox"/> Public Water Supply: well ID</div><div>6. <input type="checkbox"/> Dewatering: how many wells?</div><div>7. <input type="checkbox"/> Aquifer Recharge: well ID</div><div>8. <input type="checkbox"/> Monitoring: well ID</div><div>9. Environmental Remediation: well ID <div style="display: flex; justify-content: space-around; font-size: x-small;"><div><input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction</div><div><input type="checkbox"/> Recovery <input type="checkbox"/> Injection</div></div></div></div><div><div>10. <input type="checkbox"/> Oil Field Water Supply: lease</div><div>11. Test Hole: well ID <div style="display: flex; justify-content: space-around; font-size: x-small;"><div><input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical</div></div></div><div>12. Geothermal: how many bores? <div style="display: flex; justify-content: space-around; font-size: x-small;"><div>a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical</div><div>b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water</div></div></div><div>13. <input type="checkbox"/> Other (specify):</div></div></div>																										
Was a chemical/bacteriological sample submitted to KDHE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date sample was submitted: Water well disinfected? <input type="checkbox"/> Yes <input type="checkbox"/> No																										
8 TYPE OF CASING USED: <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: <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div><input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel</div><div><input type="checkbox"/> PVC <input type="checkbox"/> None used (open hole)</div><div><input type="checkbox"/> Other (Specify)</div></div> SCREEN OR PERFORATION OPENINGS ARE: <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div><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)</div><div><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)</div></div> 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: <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. Nearest source of possible contamination: No potential source of contamination within 200 ft. <div style="display: grid; grid-template-columns: repeat(5, 1fr); gap: 5px; font-size: x-small;"><div><input type="checkbox"/> Septic Tank</div><div><input type="checkbox"/> Lateral Lines</div><div><input type="checkbox"/> Pit Privy</div><div><input type="checkbox"/> Livestock Pens</div><div><input type="checkbox"/> Insecticide Storage</div><div><input type="checkbox"/> Sewer Lines</div><div><input type="checkbox"/> Cess Pool</div><div><input type="checkbox"/> Sewage Lagoon</div><div><input type="checkbox"/> Fuel Storage</div><div><input type="checkbox"/> Abandoned Water Well</div><div><input type="checkbox"/> Watertight Sewer Lines</div><div><input type="checkbox"/> Seepage Pit</div><div><input type="checkbox"/> Feedyard</div><div><input type="checkbox"/> Fertilizer Storage</div><div><input type="checkbox"/> Oil Well/Gas Well</div><div><input type="checkbox"/> Other (Specify)</div></div> 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 <input type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> 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 <u>constructed</u> 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																										