

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;">¼ ¼ ¼ ½</div> | | Section Number | Township Number T S | | Range Number R E W | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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-left: auto; margin-right: auto; border-collapse: collapse;"><tr><td style="padding: 5px;">NW</td><td style="padding: 5px; text-align: center;">X</td><td style="padding: 5px;">NE</td></tr><tr><td style="padding: 5px;">SW</td><td style="padding: 5px;"></td><td style="padding: 5px;">SE</td></tr></table>S -----1 mile-----</div> | | NW | X | NE | SW | | SE | 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NW | X | NE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SW | | SE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 WELL WATER TO BE USED AS: <div style="display: flex; justify-content: space-between;"><div style="width: 30%;">1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock</div><div style="width: 30%;">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 <div style="display: flex; font-size: small;"><div><input type="checkbox"/> Air Sparge</div><div><input type="checkbox"/> Soil Vapor Extraction</div></div><div style="font-size: small;"><input type="checkbox"/> Recovery <input type="checkbox"/> Injection</div></div><div style="width: 30%;">10. <input type="checkbox"/> Oil Field Water Supply: lease 11. Test Hole: well ID <div style="display: flex; font-size: x-small;"><div><input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical</div></div> 12. Geothermal: how many bores? <div style="display: flex; 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> 13. <input type="checkbox"/> Other (specify):</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-around; font-size: small;"><div><input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel</div><div><input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel</div><div><input type="checkbox"/> PVC</div><div><input type="checkbox"/> Other (Specify)</div></div> <div style="display: flex; align-items: center;"><input type="checkbox"/> None used (open hole)</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: <div style="display: grid; grid-template-columns: repeat(4, 1fr); gap: 2px; font-size: small;"><div><input type="checkbox"/> Continuous Slot</div><div><input type="checkbox"/> Mill Slot</div><div><input type="checkbox"/> Gauze Wrapped</div><div><input type="checkbox"/> Torch Cut</div><div><input type="checkbox"/> Drilled Holes</div><div><input type="checkbox"/> Other (Specify)</div></div> <div style="display: grid; grid-template-columns: repeat(4, 1fr); gap: 2px; font-size: small;"><div><input type="checkbox"/> Louvered Shutter</div><div><input type="checkbox"/> Key Punched</div><div><input type="checkbox"/> Wire Wrapped</div><div><input type="checkbox"/> Saw Cut</div><div><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: 2px; 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> <div style="display: flex; font-size: x-small;"><div>Direction from well?</div><div>Distance from well? ft.</div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"><tr><th style="width: 10%;">10 FROM</th><th style="width: 10%;">TO</th><th style="width: 40%;">LITHOLOGIC LOG</th><th style="width: 10%;">FROM</th><th style="width: 10%;">TO</th><th style="width: 20%;">LITHO. LOG (cont.) or PLUGGING INTERVALS</th></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td>Notes:</td><td colspan="3"> </td></tr></table> | | | | | | | | 10 FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Notes: | | | |
| 10 FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |