

### WATER WELL RECORD Form WWC-5

Original Record    Correction    Change in Well Use

Division of Water Resources App. No. [ ] [ ]

Well ID [ ] [ ]

|                                  |                      |  |                             |                                 |  |
|----------------------------------|----------------------|--|-----------------------------|---------------------------------|--|
| <b>1 LOCATION OF WATER WELL:</b> | <b>County:</b> _____ | <b>Fraction</b><br>1/4   1/4   1/4   1/4 | <b>Section Number</b> _____ | <b>Township Number</b><br>T   S | <b>Range Number</b><br>R <input type="checkbox"/> E <input type="checkbox"/> W |
|----------------------------------|----------------------|--|-----------------------------|---------------------------------|--|

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| <b>2 WELL OWNER:</b> Last Name: _____<br>Business: _____<br>Address: _____<br>Address: _____<br>City: _____ State: _____ ZIP: _____ | 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: <input type="checkbox"/> |
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| <b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b><br>N<br><div style="border:1px solid black; padding:5px; text-align:center;">NW -- NE --<br/>             <br/>X<br/>             <br/>SW -- SE --<br/>W       E<br/>S</div> <p style="text-align:center">-----1 mile-----</p> | <b>4 DEPTH OF COMPLETED WELL:</b> ..... ft.<br>Depth(s) Groundwater Encountered: 1) ..... ft.<br>2) ..... ft.   3) ..... ft., or 4) <input type="checkbox"/> Dry Well<br>WELL'S STATIC WATER LEVEL: ..... ft.<br><input type="checkbox"/> below land surface, measured on (mo-day-yr).....<br><input type="checkbox"/> above land surface, measured on (mo-day-yr).....<br>Pump test data: Well water was ..... ft.<br>after ..... hours pumping ..... gpm<br>Well water was ..... ft.<br>after ..... hours pumping ..... gpm<br>Estimated Yield: .....gpm<br>Bore Hole Diameter: ..... in. to ..... ft. and<br>..... in. to ..... ft. | <b>5 Latitude:</b> .....(decimal degrees)<br><b>Longitude:</b> .....(decimal degrees)<br>Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27<br><b>Source for Latitude/Longitude:</b><br><input type="checkbox"/> GPS (unit make/model: .....)<br>(WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No)<br><input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map<br><input type="checkbox"/> Online Mapper: .....<br><br><b>6 Elevation:</b> .....ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC<br><b>Source:</b> <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map<br><input type="checkbox"/> Other ..... |
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| <b>7 WELL WATER TO BE USED AS:</b><br>1. Domestic: <input type="checkbox"/> Household<br><input type="checkbox"/> Lawn & Garden<br><input type="checkbox"/> Livestock<br>2. <input type="checkbox"/> Irrigation<br>3. <input type="checkbox"/> Feedlot<br>4. <input type="checkbox"/> Industrial<br>5. <input type="checkbox"/> Public Water Supply: well ID .....<br>6. <input type="checkbox"/> Dewatering: how many wells? .....<br>7. <input type="checkbox"/> Aquifer Recharge: well ID .....<br>8. <input type="checkbox"/> Monitoring: well ID .....<br>9. Environmental Remediation: well ID .....<br><input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction<br><input type="checkbox"/> Recovery <input type="checkbox"/> Injection<br>10. <input type="checkbox"/> Oil Field Water Supply: lease .....<br>11. Test Hole: well ID .....<br><input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical<br>12. Geothermal: how many bores? .....<br>a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical<br>b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water<br>13. <input type="checkbox"/> Other (specify): ..... |
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**Was a chemical/bacteriological sample submitted to KDHE?**  Yes    No   If yes, date sample was submitted: .....

Water well disinfected?  Yes    No

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| <b>8 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other ..... <b>CASING JOINTS:</b> <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded<br>Casing diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.<br>Casing height above land surface ..... in.   Weight ..... lbs./ft.   Wall thickness or gauge No. ....<br><b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b><br><input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) .....<br><input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole)<br><b>SCREEN OR PERFORATION OPENINGS ARE:</b><br><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) .....<br><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)<br><b>SCREEN-PERFORATED INTERVALS:</b> From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.<br><b>GRAVEL PACK INTERVALS:</b> From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. |
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| <b>9 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other .....<br>Grout Intervals: From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.<br><b>Nearest source of possible contamination:</b> No potential source of contamination within 200 ft.<br><input type="checkbox"/> Septic Tank <input type="checkbox"/> Lateral Lines <input type="checkbox"/> Pit Privy <input type="checkbox"/> Livestock Pens <input type="checkbox"/> Insecticide Storage<br><input type="checkbox"/> Sewer Lines <input type="checkbox"/> Cess Pool <input type="checkbox"/> Sewage Lagoon <input type="checkbox"/> Fuel Storage <input type="checkbox"/> Abandoned Water Well<br><input type="checkbox"/> Watertight Sewer Lines <input type="checkbox"/> Seepage Pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer Storage <input type="checkbox"/> Oil Well/Gas Well<br><input type="checkbox"/> Other (Specify) .....<br>Direction from well? ..... Distance from well? ..... ft. |
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| 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  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 .....