# 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  ……………………………………………………………………………………………………………...

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