

**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>Fraction</b> 1/4    1/4    1/4    1/4	<b>Section Number</b>	<b>Township Number</b> T    S	<b>Range Number</b> R    E    W
County:				

<b>2 WELL OWNER:</b> 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: <input type="checkbox"/>
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<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N <div style="text-align: center;"> <table border="1" style="margin: auto; width: 100px; height: 100px;"> <tr> <td style="padding: 2px;">-- NW --</td> <td style="padding: 2px;">-- NE --</td> </tr> <tr> <td style="padding: 2px;">W X</td> <td style="padding: 2px;">E</td> </tr> <tr> <td style="padding: 2px;">-- SW --</td> <td style="padding: 2px;">-- SE --</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;">S</td> </tr> </table> <p style="text-align: center; margin-top: 5px;"> -----1 mile----- </p> </div>	-- NW --	-- NE --	W X	E	-- SW --	-- SE --	S		<b>4 DEPTH OF COMPLETED WELL:</b> _____ ft. Depth(s) Groundwater Encountered: 1) _____ ft. 2) _____ ft.    3) _____ ft., or 4) <input type="checkbox"/> Dry Well <b>WELL'S STATIC WATER LEVEL:</b> _____ ft. <input type="checkbox"/> below land surface, measured on (mo-day-yr)..... <input type="checkbox"/> above land surface, measured on (mo-day-yr)..... <b>Pump test data:</b> Well water was _____ ft. after _____ hours pumping          _____ gpm Well water was _____ ft. after _____ hours pumping          _____ gpm <b>Estimated Yield:</b> _____ gpm <b>Bore Hole Diameter:</b> _____ in. to _____ ft. and _____ in. to _____ ft.	<b>5 Latitude:</b> _____(decimal degrees) <b>Longitude:</b> _____(decimal degrees) <b>Datum:</b> <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 <b>Source for Latitude/Longitude:</b> <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: .....  <b>6 Elevation:</b> _____ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC <b>Source:</b> <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other .....
-- NW --	-- NE --									
W X	E									
-- SW --	-- SE --									
S										

**7 WELL WATER TO BE USED AS:**

1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock 2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial	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 ..... <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	10. <input type="checkbox"/> Oil Field Water Supply: lease ..... 11. Test Hole: well ID ..... <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 12. Geothermal: how many bores? ..... a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water 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

**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     PVC     Other (Specify) .....  
 Brass     Galvanized Steel     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:**    No potential source of contamination within 200 ft.  
 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 .....