WATER WELL RECORD   Form WWC-5

Division of Water Resources App. No. _____ Well ID _____

☐ Original Record   ☐ Correction   ☐ Change in Well Use

1 LOCATION OF WATER WELL:

County: _____

Fraction ¼ ¼ ¼ ¼	Section Number	Township Number T S	Range Number 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
W X	E
SW	SE

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 LITHOLOGIC LOG

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

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