

**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><br>County:  |    | Fraction<br>¼    ¼    ¼    ¼   |      | Section Number   | Township Number<br>T    S                | Range Number<br>R    E    W |
| <b>2 WELL OWNER:</b> Last Name: _____<br>Business: _____<br>Address: _____<br>Address: _____<br>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"/>  |      |  |  |                             |
| <b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b><br>  |    | <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>Source for Latitude/Longitude:<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: ..... |  |                             |
| <b>7 WELL WATER TO BE USED AS:</b><br>1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <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): .....  |    |  |      |  |  |                             |
| Was a chemical/bacteriological sample submitted to KDHE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date sample was submitted: .....<br>Water well disinfected? <input type="checkbox"/> Yes <input type="checkbox"/> No   |    |  |      |  |  |                             |
| <b>8 TYPE OF CASING USED:</b> <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<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>TYPE OF SCREEN OR PERFORATION MATERIAL:<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>SCREEN OR PERFORATION OPENINGS ARE:<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>SCREEN-PERFORATED INTERVALS: From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.<br>GRAVEL PACK INTERVALS: From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. |    |  |      |  |  |                             |
| <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>Nearest source of possible contamination: 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.   |    |  |      |  |  |                             |
| 10 FROM  | TO | LITHOLOGIC LOG   | FROM | TO   | LITHO. LOG (cont.) or PLUGGING INTERVALS |                             |
|  |    |  |      |  |  |                             |
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|  |    |  |      |  | Notes:                                   |                             |
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**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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