

**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> County:	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number	Township Number T   S	Range Number R <input type="checkbox"/> E <input type="checkbox"/> W
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<b>2 WELL OWNER: Last Name:</b> Business: Address: Address: City:	First:    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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**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: <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) .....

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
		<b>Notes:</b>			

**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 .....