

# 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: _____	<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 <input type="checkbox"/> E <input type="checkbox"/> W
<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"/>		
<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N <div style="text-align: center; border: 1px solid black; width: 100px; height: 100px; margin: auto; display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">NW</div> <div style="margin-bottom: 5px;">X</div> <div style="margin-bottom: 5px;">NE</div> <div style="margin-bottom: 5px;">SW</div> <div style="margin-bottom: 5px;">SE</div> </div> S <span style="font-size: small;"> -----1 mile----- </span>	<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)..... 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.		<b>5 Latitude:</b> .....(decimal degrees) <b>Longitude:</b> .....(decimal degrees) Datum: <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 .....				

<b>7 WELL WATER TO BE USED AS:</b>		
1. Domestic:	5. <input type="checkbox"/> Public Water Supply: well ID .....	10. <input type="checkbox"/> Oil Field Water Supply: lease .....
<input type="checkbox"/> Household	6. <input type="checkbox"/> Dewatering: how many wells? .....	11. Test Hole: well ID .....
<input type="checkbox"/> Lawn & Garden	7. <input type="checkbox"/> Aquifer Recharge: well ID .....	<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical
<input type="checkbox"/> Livestock	8. <input type="checkbox"/> Monitoring: well ID .....	12. Geothermal: how many bores? .....
2. <input type="checkbox"/> Irrigation	9. Environmental Remediation: well ID .....	a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical
3. <input type="checkbox"/> Feedlot	<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction	b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water
4. <input type="checkbox"/> Industrial	<input type="checkbox"/> Recovery <input type="checkbox"/> Injection	13. <input type="checkbox"/> Other (specify): .....

**Was a chemical/bacteriological sample submitted to KDHE?**  Yes    No   If yes, date sample was submitted: .....

Water well disinfected?  Yes    No

<b>8 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other .....			<b>CASING JOINTS:</b> <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> 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. ....		
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>					
<input type="checkbox"/> Steel	<input type="checkbox"/> Stainless Steel	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> PVC	<input type="checkbox"/> Other (Specify) .....	
<input type="checkbox"/> Brass	<input type="checkbox"/> Galvanized Steel	<input type="checkbox"/> Concrete tile	<input type="checkbox"/> None used (open hole)		
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>					
<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) .....
<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)	
<b>SCREEN-PERFORATED INTERVALS:</b> From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.					
<b>GRAVEL PACK INTERVALS:</b> 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 .....					
Grout Intervals: From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.					
<b>Nearest source of possible contamination:</b>					
<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	
<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	
<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	
<input type="checkbox"/> Other (Specify) .....					
Direction from well? ..... Distance from well? ..... ft.					

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 .....

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