

**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>  |           | Fraction  | Section Number |           | Township Number                                 | Range Number |   |  |  |  |   |  |  |
| County:   |           | 1/4    1/4    1/4    1/4  |                |           | T           S                                   | R      E   W |   |  |  |  |   |  |  |
| <b>2 WELL OWNER:</b> Last Name: First:<br>Business:<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><div style="text-align:center;">N<br/><table border="1" style="margin:auto; width:150px; height:100px;"><tr><td>-- NW --</td><td>-- NE --</td></tr><tr><td style="text-align:right;">W</td><td style="text-align:left;">E</td></tr><tr><td>-- SW --</td><td>-- SE --</td></tr><tr><td colspan="2" style="text-align:center;">S</td></tr></table><p style="text-align:center;"> -----1 mile----- </p></div>   | -- NW --  | -- NE --  | W              | E         | -- SW --  | -- SE --     | S |  | <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><u>Source for Latitude/Longitude:</u><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: ..... |  |  |
|   | -- NW --  | -- NE --  |                |           |   |              |   |  |  |  |   |  |  |
| W   | E         |   |                |           |   |              |   |  |  |  |   |  |  |
| -- SW --  | -- SE --  |   |                |           |   |              |   |  |  |  |   |  |  |
| S   |           |   |                |           |   |              |   |  |  |  |   |  |  |
| <b>6 Elevation:</b> .....ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC<br><u>Source:</u> <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map<br><input type="checkbox"/> Other .....  |           |   |                |           |   |              |   |  |  |  |   |  |  |
| <b>7 WELL WATER TO BE USED AS:</b><br>1. Domestic:                  5. <input type="checkbox"/> Public Water Supply: well ID .....<br><input type="checkbox"/> Household                 6. <input type="checkbox"/> Dewatering: how many wells? .....<br><input type="checkbox"/> Lawn & Garden          7. <input type="checkbox"/> Aquifer Recharge: well ID .....<br><input type="checkbox"/> Livestock                  8. <input type="checkbox"/> Monitoring: well ID .....<br>2. <input type="checkbox"/> Irrigation                9. Environmental Remediation: well ID .....<br>3. <input type="checkbox"/> Feedlot <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction<br>4. <input type="checkbox"/> Industrial <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): ..... |           |   |                |           |   |              |   |  |  |  |   |  |  |
| <b>Was a chemical/bacteriological sample submitted to KDHE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, date sample was submitted: .....  |           |   |                |           |   |              |   |  |  |  |   |  |  |
| 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 ..... <b>CASING JOINTS:</b> <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. ....   |           |   |                |           |   |              |   |  |  |  |   |  |  |
| <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b><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)  |           |   |                |           |   |              |   |  |  |  |   |  |  |
| <b>SCREEN OR PERFORATION OPENINGS ARE:</b><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)  |           |   |                |           |   |              |   |  |  |  |   |  |  |
| <b>SCREEN-PERFORATED INTERVALS:</b> From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.<br><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 .....<br>Grout Intervals: From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.   |           |   |                |           |   |              |   |  |  |  |   |  |  |
| <b>Nearest source of possible contamination:</b> 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.  |           |   |                |           |   |              |   |  |  |  |   |  |  |
| <b>10 FROM</b>  | <b>TO</b> | <b>LITHOLOGIC LOG</b>   | <b>FROM</b>    | <b>TO</b> | <b>LITHO. LOG (cont.) or PLUGGING INTERVALS</b> |              |   |  |  |  |   |  |  |
|   |           |   |                |           |   |              |   |  |  |  |   |  |  |
|   |           |   |                |           |   |              |   |  |  |  |   |  |  |
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|   |           |   |                |           |   |              |   |  |  |  |   |  |  |
|   |           |   |                |           |   |              |   |  |  |  |   |  |  |
|   |           |   | <b>Notes:</b>  |           |   |              |   |  |  |  |   |  |  |
|   |           |   |                |           |   |              |   |  |  |  |   |  |  |
|   |           |   |                |           |   |              |   |  |  |  |   |  |  |
| <b>11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo-day-year) ..... and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. .... This Water Well Record was completed on (mo-day-year) .....<br>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.<br>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.<br>Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> KSA 82a-1212  |           |   |                |           |   |              |   |  |  |  |   |  |  |