

**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 <input type="checkbox"/> E <input type="checkbox"/> W

<b>2 WELL OWNER:</b> Last Name:      First:	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"/>
Business:	
Address:	
Address:	
City:                                    State:                                    ZIP:	

<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N	<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>5 Latitude:</b> .....(decimal degrees) <b>Longitude:</b> .....(decimal degrees)
	WELL'S STATIC WATER LEVEL: ..... ft. <input type="checkbox"/> below land surface, measured on (mo-day-yr)..... <input type="checkbox"/> above land surface, measured on (mo-day-yr).....	Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27
	Pump test data: Well water was ..... ft.	<b>Source for Latitude/Longitude:</b>
	after..... hours pumping ..... gpm	<input type="checkbox"/> GPS (unit make/model: .....)
	Well water was ..... ft.	(WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No)
	after..... hours pumping ..... gpm	<input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map
	Estimated Yield: .....gpm	<input type="checkbox"/> Online Mapper: .....
	Bore Hole Diameter: ..... in. to ..... ft. and ..... in. to ..... ft.	<b>6 Elevation:</b> .....ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC
	Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map	
	<input type="checkbox"/> Other .....	

**7 WELL WATER TO BE USED AS:**

1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	5. <input type="checkbox"/> Public Water Supply: well ID .....	10. <input type="checkbox"/> Oil Field Water Supply: lease .....
2. <input type="checkbox"/> Irrigation	6. <input type="checkbox"/> Dewatering: how many wells? .....	11. Test Hole: well ID .....
3. <input type="checkbox"/> Feedlot	7. <input type="checkbox"/> Aquifer Recharge: well ID .....	<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical
4. <input type="checkbox"/> Industrial	8. <input type="checkbox"/> Monitoring: well ID .....	12. Geothermal: how many bores? .....
	9. Environmental Remediation: well ID .....	a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical
	<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
	<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

**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:**

<input type="checkbox"/> Steel	<input type="checkbox"/> Stainless Steel	<input type="checkbox"/> PVC	<input type="checkbox"/> Other (Specify) .....
<input type="checkbox"/> Brass	<input type="checkbox"/> Galvanized Steel	<input type="checkbox"/> None used (open hole)	

**SCREEN OR PERFORATION OPENINGS ARE:**

<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)	

**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.

<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 .....