

**WATER WELL RECORD Form WWC-5**

Original Record  Correction  Change in Well Use

Division of Water Resources App. No.

Well ID

**1 LOCATION OF WATER WELL:**

County:

Fraction  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$

Section Number

Township Number

T

S

Range Number

R

E

W

**2 WELL OWNER: 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:

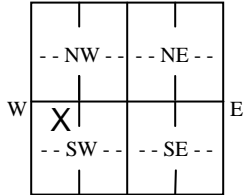
Business:  
Address:  
Address:  
City:

State:

ZIP:

**3 LOCATE WELL WITH "X" IN SECTION BOX:**

N



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:

Household  
 Lawn & Garden  
 Livestock

2.  Irrigation

3.  Feedlot

4.  Industrial

5.  Public Water Supply: well ID .....

6.  Dewatering: how many wells? .....

7.  Aquifer Recharge: well ID .....

8.  Monitoring: well ID .....

9. Environmental Remediation: well ID .....

Air Sparge  Soil Vapor Extraction

Recovery  Injection

10.  Oil Field Water Supply: lease .....

11. Test Hole: well ID .....

Cased  Uncased  Geotechnical

12. Geothermal: how many bores? .....

a) Closed Loop  Horizontal  Vertical

b) Open Loop  Surface Discharge  Inj. of Water

13.  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:**

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) .....

Direction from well? ..... Distance from well? ..... ft.

**10 FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS**

| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|------|----|----------------|------|----|--|
|      |    |                |      |    |  |
|      |    |                |      |    |  |
|      |    |                |      |    |  |
|      |    |                |      |    |  |
|      |    |                |      |    |  |
|      |    |                |      |    |  |
|      |    |                |      |    |  |
|      |    |                |      |    |  |

**Notes:**

**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