WATER WELL RECORD   Form WWC-5

|||||| 1189808

Division of Water
Resources App. No. ☐   Well ID ☐

☐ Original Record   ☐ Correction   ☐ Change in Well Use

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1 LOCATION OF WATER WELL:
County: _____

| Fraction ¼ ¼ ¼ ¼ | Section Number | Township Number T   S | Range Number R ☐ E ☐ W |

2 WELL OWNER: 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: ☐

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3 LOCATE WELL WITH "X" IN SECTION BOX:

N

- - NW - - - - NE - -

W   E

- - SW - - - - SE - -

S

|---------1 mile--------|
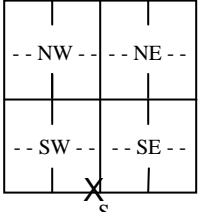
4 DEPTH OF COMPLETED WELL: ……….…. ft.
Depth(s) Groundwater Encountered: 1) ……..….…. ft.
    2) ………... ft.   3) ………... ft., or 4) ☐ Dry Well
WELL'S STATIC WATER LEVEL: ………..……… ft.
    ☐ below land surface, measured on (mo-day-yr)…..……..…
    ☐ above land surface, measured on (mo-day-yr)…………..
Pump test 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 …..……………………………..……..

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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

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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   ☐ Fiberglass   ☐ PVC   ☐ Other (Specify) ………..………….…………..
    ☐ Brass   ☐ Galvanized Steel   ☐ Concrete tile   ☐ 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.

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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:
    ☐ 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.

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

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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