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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				Section Number	Township Number	Range Number
¼	¼	¼	¼		T S	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: ☐

3 LOCATE WELL WITH "X" IN SECTION BOX:

N

```
- - NW - -  |  - - NE - -
W           X           E
- - SW - -  |  - - SE - -
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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   ☐ 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.

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.

10

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