

WATER WELL RECORD Form WWC-5 1236640

Original Record Correction Change in Well Use

Division of Water Resources App. No. Well ID

1 LOCATION OF WATER WELL: County: _____	Fraction 1/4 1/4 1/4 1/4	Section Number _____	Township Number T _____ S _____	Range Number R _____ E <input type="checkbox"/> W <input type="checkbox"/>
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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: <input type="checkbox"/>
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3 LOCATE WELL WITH "X" IN SECTION BOX:
N

		X	

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 _____