

**WATER WELL RECORD****Form WWC-5**

1147019

Division of Water  
Resources App. No.

Well ID

 Original Record  Correction  Change in Well Use**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  W**2 WELL OWNER:** Last Name:Business:  
Address:  
Address:  
City:

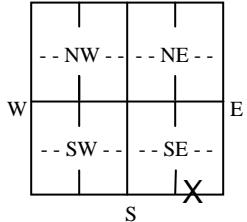
First:

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



-----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  TOCSource:  Land Survey  GPS  Topographic Map Other .....**7 WELL WATER TO BE USED AS:**

1. Domestic:

 Household Lawn & Garden Livestock2.  Irrigation3.  Feedlot4.  Industrial5.  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  Injection10.  Oil Field Water Supply: lease .....

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

 Cased  Uncased  Geotechnical

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

a) Closed Loop  Horizontal  Verticalb) Open Loop  Surface Discharge  Inj. of Water13.  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**

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