

**WATER WELL RECORD      Form WWC-5**☐ Original Record    ☐ Correction    ☐ Change in Well Use

Division of Water  
Resources App. No.

Well ID

<b>1 LOCATION OF WATER WELL:</b>		Fraction	Section Number	Township Number	Range Number																																																																																																																											
County:		<div style="text-align:center;">¼    ¼    ¼    ¼</div>		<div style="text-align:center;">T       S</div>	<div style="text-align:center;">R      E   W</div>																																																																																																																											
<b>2 WELL OWNER:</b> Last Name: First: Business: 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"/>																																																																																																																														
<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> <div style="text-align:center; margin-top: 10px;">N <table border="1" style="margin:auto; width: 100px; height: 100px; border-collapse: collapse;"><tr><td>-- NW --</td><td>-- NE --</td></tr><tr><td style="text-align:center;">W</td><td style="text-align:center;">E</td></tr><tr><td>-- SW --</td><td>-- SE --</td></tr><tr><td colspan="2" style="text-align:center;">S</td></tr></table>  -----1 mile----- </div>	-- NW --	-- NE --	W	E	-- SW --	-- SE --	S		<b>4 DEPTH OF COMPLETED WELL:</b> ..... ft. Depth(s) Groundwater Encountered: 1) ..... ft. 2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: ..... ft. <input type="checkbox"/> below land surface, measured on (mo-day-yr)..... <input type="checkbox"/> 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.		<b>5 Latitude:</b> .....(decimal degrees) <b>Longitude:</b> .....(decimal degrees) Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 <u>Source for Latitude/Longitude:</u> <input type="checkbox"/> GPS (unit make/model: .....) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: .....																																																																																																																					
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Test Hole: well ID ..... <div style="display: flex; justify-content: space-around;"><div><input type="checkbox"/> Cased   <input type="checkbox"/> Uncased   <input type="checkbox"/> Geotechnical</div></div> 12. Geothermal: how many bores? ..... <div style="display: flex; justify-content: space-around;"><div>a) Closed Loop   <input type="checkbox"/> Horizontal   <input type="checkbox"/> Vertical</div><div>b) Open Loop   <input type="checkbox"/> Surface Discharge   <input type="checkbox"/> Inj. of Water</div></div> 13. <input type="checkbox"/> Other (specify): .....</div></div> <tr><td colspan="6"><b>Was a chemical/bacteriological sample submitted to KDHE?</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No   If yes, date sample was submitted: .....</td></tr> <tr><td colspan="6">Water well disinfected?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</td></tr> <tr><td colspan="6"><b>8 TYPE OF CASING USED:</b>   <input type="checkbox"/> Steel   <input type="checkbox"/> PVC   <input type="checkbox"/> Other .....   <b>CASING JOINTS:</b>   <input type="checkbox"/> Glued   <input type="checkbox"/> Clamped   <input type="checkbox"/> Welded   <input type="checkbox"/> Threaded</td></tr> <tr><td colspan="6">Casing diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft. 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