WATER WELL RECORD   Form WWC-5

☐ Original Record   ☐ Correction   ☐ Change in Well Use

Division of Water Resources App. No. [ ]   Well ID [ ]

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1 LOCATION OF WATER WELL:

County:

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

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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: ☐

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3 LOCATE WELL WITH "X" IN SECTION BOX:

N

- - NW - -   -X- 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: ……………………………….………...
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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