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 SW	SE E

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   ☐ PVC   ☐ Other (Specify) ………..……………..………..

☐ Brass   ☐ Galvanized Steel   ☐ 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: No potential source of contamination within 200 ft.

☐ 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

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