

**WATER WELL RECORD Form WWC-5** 1172296
 Original Record
 Correction
 Change in Well Use

 Division of Water Resources App. No.
Well ID

1 LOCATION OF WATER WELL:		Fraction: $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$		Section Number		Township Number T S		Range Number R <input type="checkbox"/> E <input type="checkbox"/> W																																																																									
County: 		Last Name: 		First: 		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"/>																																																																											
Business: Address: Address: City: 		State: 		ZIP: 																																																																													
3 LOCATE WELL WITH "X" IN SECTION BOX: N  S 1 mile 		4 DEPTH OF COMPLETED WELL: 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.				5 Latitude:(decimal degrees) Longitude:(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:																																																																											
7 WELL WATER TO BE USED AS: <table style="width: 100%;"> <tr> <td>1. Domestic:</td> <td>5. <input type="checkbox"/> Public Water Supply: well ID</td> <td>10. <input type="checkbox"/> Oil Field Water Supply: lease</td> </tr> <tr> <td><input type="checkbox"/> Household</td> <td>6. <input type="checkbox"/> Dewatering: how many wells?</td> <td>11. Test Hole: well ID</td> </tr> <tr> <td><input type="checkbox"/> Lawn & Garden</td> <td>7. <input type="checkbox"/> Aquifer Recharge: well ID</td> <td><input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical</td> </tr> <tr> <td><input type="checkbox"/> Livestock</td> <td>8. <input type="checkbox"/> Monitoring: well ID</td> <td>12. Geothermal: how many bores?</td> </tr> <tr> <td>2. <input type="checkbox"/> Irrigation</td> <td>9. Environmental Remediation: well ID</td> <td>a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical</td> </tr> <tr> <td>3. <input type="checkbox"/> Feedlot</td> <td><input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction</td> <td>b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water</td> </tr> <tr> <td>4. <input type="checkbox"/> Industrial</td> <td><input type="checkbox"/> Recovery <input type="checkbox"/> Injection</td> <td>13. <input type="checkbox"/> Other (specify):</td> </tr> </table>										1. Domestic:	5. <input type="checkbox"/> Public Water Supply: well ID	10. <input type="checkbox"/> Oil Field Water Supply: lease	<input type="checkbox"/> Household	6. <input type="checkbox"/> Dewatering: how many wells?	11. Test Hole: well ID	<input type="checkbox"/> Lawn & Garden	7. <input type="checkbox"/> Aquifer Recharge: well ID	<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical	<input type="checkbox"/> Livestock	8. <input type="checkbox"/> Monitoring: well ID	12. Geothermal: how many bores?	2. <input type="checkbox"/> Irrigation	9. Environmental Remediation: well ID	a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	3. <input type="checkbox"/> Feedlot	<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction	b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water	4. <input type="checkbox"/> Industrial	<input type="checkbox"/> Recovery <input type="checkbox"/> Injection	13. <input type="checkbox"/> Other (specify):																																																			
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Was a chemical/bacteriological sample submitted to KDHE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date sample was submitted: Water well disinfected? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																	
8 TYPE OF CASING USED: <input type="checkbox"/> Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> 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: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> Continuous Slot <input type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input type="checkbox"/> Saw Cut <input type="checkbox"/> 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: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft. Nearest source of possible contamination: <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Septic Tank</td> <td><input type="checkbox"/> Lateral Lines</td> <td><input type="checkbox"/> Pit Privy</td> <td><input type="checkbox"/> Livestock Pens</td> <td><input type="checkbox"/> Insecticide Storage</td> </tr> <tr> <td><input type="checkbox"/> Sewer Lines</td> <td><input type="checkbox"/> Cess Pool</td> <td><input type="checkbox"/> Sewage Lagoon</td> <td><input type="checkbox"/> Fuel Storage</td> <td><input type="checkbox"/> Abandoned Water Well</td> </tr> <tr> <td><input type="checkbox"/> Watertight Sewer Lines</td> <td><input type="checkbox"/> Seepage Pit</td> <td><input type="checkbox"/> Feedyard</td> <td><input type="checkbox"/> Fertilizer Storage</td> <td><input type="checkbox"/> Oil Well/Gas Well</td> </tr> <tr> <td colspan="5"><input type="checkbox"/> Other (Specify)</td> </tr> </table> Direction from well? Distance from well? ft.										<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Lateral Lines	<input type="checkbox"/> Pit Privy	<input type="checkbox"/> Livestock Pens	<input type="checkbox"/> Insecticide Storage	<input type="checkbox"/> Sewer Lines	<input type="checkbox"/> Cess Pool	<input type="checkbox"/> Sewage Lagoon	<input type="checkbox"/> Fuel Storage	<input type="checkbox"/> Abandoned Water Well	<input type="checkbox"/> Watertight Sewer Lines	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Fertilizer Storage	<input type="checkbox"/> Oil Well/Gas Well	<input type="checkbox"/> Other (Specify)																																																								
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11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> 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