



# WATER WELL RECORD Form WWC-5 1247748

 Original Record  Correction  Change in Well Use

Division of Water Resources App. No.

Well ID

<b>1 LOCATION OF WATER WELL:</b> County:		Fraction ¼ ¼ ¼ ¼	Section Number	Township Number T S	Range Number R <input type="checkbox"/> E <input type="checkbox"/> W
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<b>2 WELL OWNER:</b> 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:

<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N		<b>4 DEPTH OF COMPLETED WELL:</b> ..... ft.		<b>5 Latitude:</b> .....(decimal degrees)		
<div style="border: 1px solid black; width: 100px; height: 100px; position: relative; margin: auto;"> <span style="position: absolute; top: 0; left: 0;">W</span> <span style="position: absolute; top: 0; right: 0;">E</span> <span style="position: absolute; bottom: 0; left: 0;">S</span> <div style="position: absolute; top: 10%; left: 10%;">NW</div> <div style="position: absolute; top: 10%; right: 10%;">NE</div> <div style="position: absolute; bottom: 10%; left: 10%;">SW</div> <div style="position: absolute; bottom: 10%; right: 10%;">SE</div> <div style="position: absolute; top: 45%; left: 45%;">X</div> </div> <p>-----1 mile-----</p>	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.		Longitude: .....(decimal degrees) Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <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: .....			
					<b>6 Elevation:</b> .....ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC	
					Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map	
					<input type="checkbox"/> Other .....	

**7 WELL WATER TO BE USED AS:**

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): .....

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:**

<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

Other (Specify) .....

Direction from well? ..... Distance from well? ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS

**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 .....