

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:		Fraction	Section Number	Township Number	Range Number
County:		1/4 1/4 1/4 1/4		T S	R E W
2 WELL OWNER: 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 W E 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 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:	
				6 Elevation: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 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.

<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)				

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