

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 $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number	Township Number T S	Range Number R <input type="checkbox"/> E <input type="checkbox"/> W
2 WELL OWNER: Last Name: _____ 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: <input type="checkbox"/>			
3 LOCATE WELL WITH "X" IN SECTION BOX: N <div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: 80px; text-align: center;"> -- NW -- -- NE -- X -- SW -- -- SE -- S </div> W E -----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:			
6 Elevation:ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC <u>Source:</u> <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:
<input type="checkbox"/> Household
<input type="checkbox"/> Lawn & Garden
<input type="checkbox"/> Livestock | 5. <input type="checkbox"/> Public Water Supply: well ID | 10. <input type="checkbox"/> Oil Field Water Supply: lease |
| 2. <input type="checkbox"/> Irrigation | 6. <input type="checkbox"/> Dewatering: how many wells? | 11. Test Hole: well ID
<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical |
| 3. <input type="checkbox"/> Feedlot | 7. <input type="checkbox"/> Aquifer Recharge: well ID | 12. Geothermal: how many bores?
a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical
b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water |
| 4. <input type="checkbox"/> Industrial | 8. <input type="checkbox"/> Monitoring: well ID | 13. <input type="checkbox"/> Other (specify): |
| | 9. Environmental Remediation: well ID
<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction
<input type="checkbox"/> Recovery <input type="checkbox"/> Injection | |

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 |
| <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

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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