

# WATER WELL RECORD Form WWC-5

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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**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


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: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock 2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial	5. <input type="checkbox"/> Public Water Supply: well ID .....	10. <input type="checkbox"/> Oil Field Water Supply: lease .....
	6. <input type="checkbox"/> Dewatering: how many wells? .....	11. Test Hole: well ID .....
	7. <input type="checkbox"/> Aquifer Recharge: well ID .....	<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical
	8. <input type="checkbox"/> Monitoring: well ID .....	12. Geothermal: how many bores? .....
	9. Environmental Remediation: well ID .....	a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical
	<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
	<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.  
 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 .....