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# WATER WELL RECORD     Form WWC-5

Division of Water Resources App. No. ☐     Well ID ☐

☐ Original Record   ☐ Correction   ☐ Change in Well Use

## 1 LOCATION OF WATER WELL:

County: _____

| Fraction | | | | Section Number | Township Number | Range Number |
|---|---|---|---|---|---|---|
| ¼ | ¼ | ¼ | ¼ | | T        S | R    ☐ E ☐ W |

## 2 WELL OWNER:

Last Name: _____   First: _____

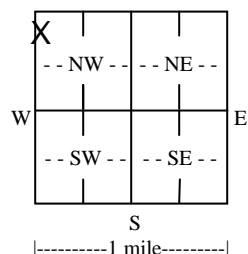Business: _____
Address: _____
Address: _____
City: _____   State: _____   ZIP: _____

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

X

- - NW - -  | - - NE - -

W ———————— E

- - SW - -  | - - SE - -

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:
  ☐ Household
  ☐ Lawn & Garden
  ☐ Livestock
2. ☐ Irrigation
3. ☐ Feedlot
4. ☐ Industrial

5. ☐ Public Water Supply: well ID .........................
6. ☐ Dewatering: how many wells? ........................
7. ☐ Aquifer Recharge: well ID ……………........
8. ☐ Monitoring: well ID ……………..……..………
9. Environmental Remediation: well ID ……….........
  ☐ Air Sparge    ☐ Soil Vapor Extraction
  ☐ Recovery    ☐ Injection

10. ☐ Oil Field Water Supply: lease ………..………..………
11. Test Hole: well ID ………………………….
  ☐ Cased   ☐ Uncased   ☐ Geotechnical
12. Geothermal: how many bores? ......................
  a) Closed Loop ☐ Horizontal ☐ Vertical
  b) Open Loop ☐ Surface Discharge ☐ Inj. of Water
13. ☐ 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:**
  ☐ 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 ………………………………………………………………………………………………………………...