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				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:

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              N
    - - NW - - | - - NE - -
  W            |           E
    - - SW - - | - - SE - -
       X
              S
  |---------1 mile--------|
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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.

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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 ………………………………………………………………………………………………………...