

**WATER WELL RECORD Form WWC-5**

1092499

Division of Water Resources App. No.  

Well ID  

- Original Record     Correction     Change in Well Use

<b>1 LOCATION OF WATER WELL:</b> County: _____	Fraction 1/4   1/4   1/4   1/4	Section Number _____	Township Number T   S	Range Number R   E   W <input type="checkbox"/> E <input type="checkbox"/> W				
<b>2 WELL OWNER:</b> 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"/>						
<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N <div style="text-align: center; border: 1px solid black; width: 60px; height: 60px; margin: auto;"> <table style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 30px; height: 30px;">NW</td><td style="border: 1px solid black; width: 30px; height: 30px;">NE</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 30px;">SW</td><td style="border: 1px solid black; width: 30px; height: 30px;">SE</td></tr> </table> </div> S -----1 mile-----	NW	NE	SW	SE	<b>4 DEPTH OF COMPLETED WELL:</b> ..... 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.	<b>5 Latitude:</b> .....(decimal degrees) <b>Longitude:</b> .....(decimal degrees) Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 <b>Source for Latitude/Longitude:</b> <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: .....		
NW	NE							
SW	SE							
<b>6 Elevation:</b> .....ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC <b>Source:</b> <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
4. <input type="checkbox"/> Industrial	8. <input type="checkbox"/> Monitoring: well ID .....	b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water
	9. Environmental Remediation: well ID ..... <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction	13. <input type="checkbox"/> Other (specify): .....
	<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 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. ....

**CASING JOINTS:**  Glued    Clamped    Welded    Threaded

**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:**

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**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 .....