

WATER WELL RECORD Form WWC-5 1236399

1236399

Division of Water
Resources App. No.

Well ID

☐ Original Record ☐ Correction ☐ Change in Well Use

1 LOCATION OF WATER WELL: County:		Fraction ¼ ¼ ¼ ½		Section Number	Township Number <div>T S</div>		Range Number <div>R E W</div>																																																									
2 WELL OWNER: Last Name: _____ First: _____ Business: _____ 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="margin-top: 10px;"><table style="width:100%; text-align:center; border-collapse: collapse;"><tr><td style="border-right: 1px solid black; width: 25%;">NW</td><td style="border-right: 1px solid black; width: 25%;">NE</td><td style="border-right: 1px solid black; width: 25%;">SW</td><td style="width: 25%;">SE</td></tr><tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;">X</td></tr></table>S <div style="font-size: x-small; margin-top: -10px;"> -----1 mile----- </div></div>		NW	NE	SW	SE				X	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 Source for Latitude/Longitude: <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:																																																			
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7 WELL WATER TO BE USED AS: <table style="width:100%; font-size: small;"><tr><td style="vertical-align: top; width: 33%;">1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock</td><td style="vertical-align: top; width: 33%;">5. <input type="checkbox"/> Public Water Supply: well ID 6. <input type="checkbox"/> Dewatering: how many wells? 7. <input type="checkbox"/> Aquifer Recharge: well ID 8. <input type="checkbox"/> Monitoring: well ID 9. Environmental Remediation: well ID <div style="font-size: xx-small;"><input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection</div></td><td style="vertical-align: top; width: 33%;">10. <input type="checkbox"/> Oil Field Water Supply: lease 11. Test Hole: well ID <div style="font-size: xx-small;"><input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical</div> 12. Geothermal: how many bores? <div style="font-size: xx-small;">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</div> 13. <input type="checkbox"/> Other (specify):</td></tr></table>								1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	5. <input type="checkbox"/> Public Water Supply: well ID 6. <input type="checkbox"/> Dewatering: how many wells? 7. <input type="checkbox"/> Aquifer Recharge: well ID 8. <input type="checkbox"/> Monitoring: well ID 9. Environmental Remediation: well ID <div style="font-size: xx-small;"><input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection</div>	10. <input type="checkbox"/> Oil Field Water Supply: lease 11. Test Hole: well ID <div style="font-size: xx-small;"><input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical</div> 12. Geothermal: how many bores? <div style="font-size: xx-small;">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</div> 13. <input type="checkbox"/> Other (specify):																																																						
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Was a chemical/bacteriological sample submitted to KDHE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date sample was submitted: Water well disinfected? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																
8 TYPE OF CASING USED: <input type="checkbox"/> Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> 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: <div style="font-size: small;"><input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> PVC <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole)</div> <div style="font-size: small;">SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> Continuous Slot <input type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole)</div> <div style="font-size: small;">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.</div>																																																																
9 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft., From ft. to ft. Nearest source of possible contamination: <div style="font-size: small;"><table style="width:100%;"><tr><td><input type="checkbox"/> Septic Tank</td><td><input type="checkbox"/> Lateral Lines</td><td><input type="checkbox"/> Pit Privy</td><td><input type="checkbox"/> Livestock Pens</td><td><input type="checkbox"/> Insecticide Storage</td></tr><tr><td><input type="checkbox"/> Sewer Lines</td><td><input type="checkbox"/> Cess Pool</td><td><input type="checkbox"/> Sewage Lagoon</td><td><input type="checkbox"/> Fuel Storage</td><td><input type="checkbox"/> Abandoned Water Well</td></tr><tr><td><input type="checkbox"/> Watertight Sewer Lines</td><td><input type="checkbox"/> Seepage Pit</td><td><input type="checkbox"/> Feedyard</td><td><input type="checkbox"/> Fertilizer Storage</td><td><input type="checkbox"/> Oil Well/Gas Well</td></tr><tr><td colspan="5"><input type="checkbox"/> Other (Specify)</td></tr></table></div> <div style="font-size: small;">Direction from well? Distance from well? ft.</div>								<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)																																									
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11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> 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 KSA 82a-1212																																																																