

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 <div style="text-align: center; font-size: small;">¼ ¼ ¼ ¼</div>		Section Number		Township Number T S		Range Number R E W																																																										
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: <div style="text-align: center; margin-top: 10px;"><table border="1" style="margin-left: auto; margin-right: auto;"><tr><td>N</td><td colspan="4"></td><td>N</td></tr><tr><td></td><td>X NW</td><td>-- -- NE</td><td></td><td></td><td></td></tr><tr><td>W</td><td></td><td></td><td></td><td></td><td>E</td></tr><tr><td></td><td>-- SW</td><td>-- SE</td><td></td><td></td><td></td></tr><tr><td>S</td><td colspan="4"></td><td>S</td></tr></table><p style="text-align: center; font-size: x-small;">-----1 mile-----</p></div>		N					N		X NW	-- -- NE				W					E		-- SW	-- SE				S					S	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 <u>Source for Latitude/Longitude:</u> <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: 6 Elevation:ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC <u>Source:</u> <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other																														
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7 WELL WATER TO BE USED AS: <table style="width:100%; font-size: small;"><tr><td style="vertical-align: top;">1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock</td><td style="vertical-align: top;">2. <input type="checkbox"/> Irrigation</td><td style="vertical-align: top;">3. <input type="checkbox"/> Feedlot</td><td style="vertical-align: top;">4. <input type="checkbox"/> Industrial</td><td style="vertical-align: top;">5. <input type="checkbox"/> Public Water Supply: well ID</td><td style="vertical-align: top;">6. <input type="checkbox"/> Dewatering: how many wells?</td><td style="vertical-align: top;">7. <input type="checkbox"/> Aquifer Recharge: well ID</td><td style="vertical-align: top;">8. <input type="checkbox"/> Monitoring: well ID</td><td style="vertical-align: top;">9. Environmental Remediation: well ID <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection</td><td style="vertical-align: top;">10. <input type="checkbox"/> Oil Field Water Supply: lease</td><td style="vertical-align: top;">11. Test Hole: well ID <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical</td><td style="vertical-align: top;">12. Geothermal: how many bores? 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</td><td style="vertical-align: top;">13. <input type="checkbox"/> Other (specify):</td></tr></table>										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	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 <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	10. <input type="checkbox"/> Oil Field Water Supply: lease	11. Test Hole: well ID <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical	12. Geothermal: how many bores? 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	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: <table style="width:100%; font-size: small;"><tr><td><input type="checkbox"/> Steel</td><td><input type="checkbox"/> Stainless Steel</td><td><input type="checkbox"/> PVC</td><td><input type="checkbox"/> Other (Specify)</td></tr><tr><td><input type="checkbox"/> Brass</td><td><input type="checkbox"/> Galvanized Steel</td><td colspan="2"><input type="checkbox"/> None used (open hole)</td></tr></table> SCREEN OR PERFORATION OPENINGS ARE: <table style="width:100%; font-size: small;"><tr><td><input type="checkbox"/> Continuous Slot</td><td><input type="checkbox"/> Mill Slot</td><td><input type="checkbox"/> Gauze Wrapped</td><td><input type="checkbox"/> Torch Cut</td><td><input type="checkbox"/> Drilled Holes</td><td><input type="checkbox"/> Other (Specify)</td></tr><tr><td><input type="checkbox"/> Louvered Shutter</td><td><input type="checkbox"/> Key Punched</td><td><input type="checkbox"/> Wire Wrapped</td><td><input type="checkbox"/> Saw Cut</td><td colspan="2"><input type="checkbox"/> None (Open Hole)</td></tr></table> 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.										<input type="checkbox"/> Steel	<input type="checkbox"/> Stainless Steel	<input type="checkbox"/> PVC	<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Brass	<input type="checkbox"/> Galvanized Steel	<input type="checkbox"/> None used (open hole)		<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)																																						
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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. Nearest source of possible contamination: No potential source of contamination within 200 ft. <table style="width:100%; font-size: small;"><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> Direction from well? Distance from well? ft.										<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 <u>constructed</u> 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																																																																		