

# WATER WELL RECORD Form WWC-5

1234829

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 <input type="checkbox"/> E <input type="checkbox"/> W
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**2 WELL OWNER:** Last Name: \_\_\_\_\_ First: \_\_\_\_\_ 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:

Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

<p><b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N</p> <table border="1" style="width: 100%; height: 100px; border-collapse: collapse;"> <tr><td style="width: 25%; text-align: center;">NW</td><td style="width: 25%; text-align: center;">NE</td></tr> <tr><td style="width: 25%; text-align: center;">SW</td><td style="width: 25%; text-align: center;">SE</td></tr> </table> <p style="text-align: center;">S -----1 mile-----</p>	NW	NE	SW	SE	<p><b>4 DEPTH OF COMPLETED WELL:</b> ..... ft.</p> <p>Depth(s) Groundwater Encountered: 1) ..... ft. 2) ..... ft.   3) ..... ft., or 4) <input type="checkbox"/> Dry Well</p> <p>WELL'S STATIC WATER LEVEL: ..... ft.</p> <p><input type="checkbox"/> below land surface, measured on (mo-day-yr)..... <input type="checkbox"/> above land surface, measured on (mo-day-yr).....</p> <p>Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm Well water was ..... ft. after ..... hours pumping ..... gpm</p> <p>Estimated Yield: .....gpm</p> <p>Bore Hole Diameter: ..... in. to ..... ft. and ..... in. to ..... ft.</p>	<p><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: .....</p> <p><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 .....</p>
NW	NE					
SW	SE					

**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 .....
3. <input type="checkbox"/> Feedlot	7. <input type="checkbox"/> Aquifer Recharge: well ID .....	<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical
4. <input type="checkbox"/> Industrial	8. <input type="checkbox"/> Monitoring: well ID .....	12. Geothermal: how many bores? .....
	9. Environmental Remediation: well ID .....	a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical
	<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction	b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water
	<input type="checkbox"/> Recovery <input type="checkbox"/> Injection	13. <input type="checkbox"/> 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:**

<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) .....				

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 .....