



**WATER WELL RECORD**

**Form WWC-5**

**1154960**

Division of Water  
Resources App. No.

Well ID

- Original Record
- Correction
- Change in Well Use

<b>1 LOCATION OF WATER WELL:</b> County: _____	Fraction ¼    ¼    ¼    ¼	Section Number	Township Number T    S	Range Number R    E    W
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<b>2 WELL OWNER:</b> Last Name: _____ Business: _____ Address: _____ Address: _____ City: _____ State: _____ ZIP: _____	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: <input type="checkbox"/>
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<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N <div style="border: 1px solid black; padding: 5px; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black;">NW</td><td style="border: 1px solid black;">NE</td></tr> <tr><td style="border: 1px solid black; text-align: center;">X</td><td style="border: 1px solid black;"></td></tr> <tr><td style="border: 1px solid black;">SW</td><td style="border: 1px solid black;">SE</td></tr> </table> <p style="text-align: center;">S</p> <p>-----1 mile-----</p> </div>	NW	NE	X		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 <b>WELL'S STATIC WATER LEVEL:</b> ..... 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							
X								
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 .....
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:**  
 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:**

**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 .....