

**WATER WELL RECORD Form WWC-5**
 Original Record     Correction     Change in Well Use
Division of Water  
Resources App. No. Well ID 

<b>1 LOCATION OF WATER WELL:</b> County: <input type="text"/>		Fraction 1/4   1/4   1/4   1/4		Section Number <input type="text"/>		Township Number T   S		Range Number R <input type="checkbox"/> E <input type="checkbox"/> W																																																																																																																																																																			
<b>2 WELL OWNER:</b> Last Name: <input type="text"/> Business: <input type="text"/> Address: <input type="text"/> City: <input type="text"/> State: <input type="text"/> ZIP: <input type="text"/>			First: <input type="text"/> 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="border: 1px solid black; padding: 5px; display: inline-block;"> <table style="border-collapse: collapse; width: 100px; height: 100px;"> <tr><td style="border: 1px solid black; width: 33%; text-align: center;">NW</td><td style="border: 1px solid black; width: 33%; text-align: center;">NE</td></tr> <tr><td style="border: 1px solid black; text-align: center;">X</td><td style="border: 1px solid black; text-align: center;">SE</td></tr> <tr><td style="border: 1px solid black; text-align: center;">SW</td><td style="border: 1px solid black; text-align: center;">SE</td></tr> </table> </div> S -----1 mile-----		NW	NE	X	SE	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: .....																																																																																																																																																																
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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																																																																																																																																																																											
<b>8 TYPE OF CASING USED:</b> <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. .... <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) ..... <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole) <b>SCREEN OR PERFORATION OPENINGS ARE:</b> <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) <b>SCREEN-PERFORATED INTERVALS:</b> From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. <b>GRAVEL PACK INTERVALS:</b> From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.																																																																																																																																																																											
<b>9 GROUT MATERIAL:</b> <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. <b>Nearest source of possible contamination:</b> No potential source of contamination within 200 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) ..... Direction from well? .....   Distance from well? ..... ft.																																																																																																																																																																											
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<b>11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> 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>

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