

**WATER WELL RECORD Form WWC-5 1200618**

Original Record  Correction  Change in Well Use

Division of Water  
Resources App. No.

[ ]

Well ID

[ ]

<b>1 LOCATION OF WATER WELL:</b> County: _____		Fraction ¼     ¼     ¼     ¼		Section Number	Township Number T     S		Range Number R <input type="checkbox"/> E <input type="checkbox"/> W																									
<b>2 WELL OWNER: Last Name:</b> _____ Business: _____ 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"/>																											
<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N <table style="width:100%; border-collapse: collapse; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td colspan="2">-- NW --</td><td colspan="2">-- NE --</td><td>X</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td colspan="2">-- SW --</td><td colspan="2">-- SE --</td><td></td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> S  -----1 mile-----						-- 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 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 <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: .....			
-- NW --		-- NE --		X																												
-- SW --		-- SE --																														
<b>6 Elevation:</b> .....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 .....																																

**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
			<b>Notes:</b>		

**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 .....