WATER WELL RECORD   Form WWC-5

Division of Water Resources App. No. ☐ ☐   Well ID ☐

☐ Original Record   ☐ Correction   ☐ Change in Well Use

1 LOCATION OF WATER WELL:

County: _____

Fraction ¼ ¼ ¼ ¼	Section Number	Township Number T S	Range Number R ☐ E ☐ W

2 WELL OWNER: Last Name: _____ First: _____

Business: _____

Address: _____

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: ☐

3 LOCATE WELL WITH "X" IN SECTION BOX:

```
          N
   -----------------
   | -- NW -- | -- NE -- |
 W |----------|----------| E
   | -- SW -- | -- SE -- |
   -----------------
          S
   |--------1 mile--------|
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4 DEPTH OF COMPLETED WELL: ……….…. ft.

Depth(s) Groundwater Encountered: 1) ……..…..…. ft.
2) ………... ft.   3) ………... ft., or 4) ☐ Dry Well
WELL'S STATIC WATER LEVEL: ………..…….. ft.
☐ below land surface, measured on (mo-day-yr)….……..…
☐ 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: ☐ WGS 84   ☐ NAD 83   ☐ NAD 27

Source for Latitude/Longitude:
☐ GPS (unit make/model: ……………….…..……....….)
(WAAS enabled? ☐ Yes   ☐ No)
☐ Land Survey   ☐ Topographic Map
☐ Online Mapper: ……………………………………...

6 Elevation: ..…..…………..ft. ☐ Ground Level ☐ TOC
Source: ☐ Land Survey   ☐ GPS   ☐ Topographic Map
☐ Other …..……………………………………..

7 WELL WATER TO BE USED AS:

1. Domestic:
   ☐ Household
   ☐ Lawn & Garden
   ☐ Livestock
2. ☐ Irrigation
3. ☐ Feedlot
4. ☐ Industrial

5. ☐ Public Water Supply: well ID ……………….…
6. ☐ Dewatering: how many wells? ……………….
7. ☐ Aquifer Recharge: well ID ……………….......
8. ☐ Monitoring: well ID ……………..…..………..
9. Environmental Remediation: well ID ………......
   ☐ Air Sparge   ☐ Soil Vapor Extraction
   ☐ Recovery   ☐ Injection

10. ☐ Oil Field Water Supply: lease ………..……….………
11. Test Hole: well ID ……………………………
   ☐ Cased   ☐ Uncased   ☐ Geotechnical
12. Geothermal: how many bores? ……………….…
   a) Closed Loop ☐ Horizontal ☐ Vertical
   b) Open Loop ☐ Surface Discharge ☐ Inj. of Water
13. ☐ 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   ☐ PVC   ☐ Other (Specify) ………..………….…………..
☐ Brass   ☐ Galvanized Steel   ☐ 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: No potential source of contamination within 200 ft.

☐ 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 ……………………………………………………………………………………………………....

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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