



# WATER WELL RECORD Form WWC-5 1251196

Division of Water Resources App. No.

Well ID

- 
- Original Record
- 
- Correction
- 
- Change in Well Use

|                                  |   |                |                 |   |
|----------------------------------|---|----------------|-----------------|---|
| <b>1 LOCATION OF WATER WELL:</b> | Fraction  | Section Number | Township Number | Range Number  |
| County:                          | <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/4 |                | T S             | R <input type="checkbox"/> E <input type="checkbox"/> W |

|   |   |
|---|---|
| <b>2 WELL OWNER:</b> Last Name: First: Business: 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: <input type="checkbox"/> |
|---|---|

|   |                                   |                    |     |     |     |     |  |     |  |     |     |    |     |    |     |     |  |     |  |     |     |  |     |  |     |   |  |
|---|-----------------------------------|--------------------|-----|-----|-----|-----|--|-----|--|-----|-----|----|-----|----|-----|-----|--|-----|--|-----|-----|--|-----|--|-----|---|--|
| <b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b>   | <b>4 DEPTH OF COMPLETED WELL:</b> | <b>5 Latitude:</b> |     |     |     |     |  |     |  |     |     |    |     |    |     |     |  |     |  |     |     |  |     |  |     |   |  |
| <div style="text-align:center"> <table border="1" style="width:60px; height:60px; border-collapse: collapse; margin:auto;"> <tr><td>---</td><td>NW</td><td>---</td><td>NE</td><td>---</td></tr> <tr><td>---</td><td> </td><td>---</td><td> </td><td>---</td></tr> <tr><td>---</td><td>SW</td><td>---</td><td>SE</td><td>---</td></tr> <tr><td>---</td><td> </td><td>---</td><td> </td><td>---</td></tr> <tr><td>---</td><td> </td><td>---</td><td> </td><td>---</td></tr> </table> <p>-----1 mile-----</p> </div> | ---                               | NW                 | --- | NE  | --- | --- |  | --- |  | --- | --- | SW | --- | SE | --- | --- |  | --- |  | --- | --- |  | --- |  | --- | ft. Depth(s) Groundwater Encountered: 1) ..... ft.<br>2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well<br>WELL'S STATIC WATER LEVEL: ..... ft.<br><input type="checkbox"/> below land surface, measured on (mo-day-yr).....<br><input type="checkbox"/> above land surface, measured on (mo-day-yr).....<br>Pump test data: Well water was ..... ft.<br>after ..... hours pumping ..... gpm<br>Well water was ..... ft.<br>after ..... hours pumping ..... gpm<br>Estimated Yield: .....gpm<br>Bore Hole Diameter: ..... in. to ..... ft. and<br>..... in. to ..... ft. | .....(decimal degrees)<br><b>Longitude:</b> .....(decimal degrees)<br>Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27<br><b>Source for Latitude/Longitude:</b><br><input type="checkbox"/> GPS (unit make/model: .....)<br>(WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No)<br><input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map<br><input type="checkbox"/> Online Mapper: ..... |
|   | ---                               | NW                 | --- | NE  | --- |     |  |     |  |     |     |    |     |    |     |     |  |     |  |     |     |  |     |  |     |   |  |
| ---   |                                   | ---                |     | --- |     |     |  |     |  |     |     |    |     |    |     |     |  |     |  |     |     |  |     |  |     |   |  |
| ---   | SW                                | ---                | SE  | --- |     |     |  |     |  |     |     |    |     |    |     |     |  |     |  |     |     |  |     |  |     |   |  |
| ---   |                                   | ---                |     | --- |     |     |  |     |  |     |     |    |     |    |     |     |  |     |  |     |     |  |     |  |     |   |  |
| ---   |                                   | ---                |     | --- |     |     |  |     |  |     |     |    |     |    |     |     |  |     |  |     |     |  |     |  |     |   |  |
| <b>6 Elevation:</b> .....ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC<br><b>Source:</b> <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map<br><input type="checkbox"/> Other .....  |                                   |                    |     |     |     |     |  |     |  |     |     |    |     |    |     |     |  |     |  |     |     |  |     |  |     |   |  |

|   |  |   |
|---|--|---|
| <b>7 WELL WATER TO BE USED AS:</b>  |  |   |
| 1. Domestic:<br><input type="checkbox"/> Household<br><input type="checkbox"/> Lawn & Garden<br><input type="checkbox"/> Livestock<br>2. <input type="checkbox"/> Irrigation<br>3. <input type="checkbox"/> Feedlot<br>4. <input type="checkbox"/> Industrial | 5. <input type="checkbox"/> Public Water Supply: well ID .....<br>6. <input type="checkbox"/> Dewatering: how many wells? .....<br>7. <input type="checkbox"/> Aquifer Recharge: well ID .....<br>8. <input type="checkbox"/> Monitoring: well ID .....<br>9. Environmental Remediation: well ID .....<br><input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction<br><input type="checkbox"/> Recovery <input type="checkbox"/> Injection | 10. <input type="checkbox"/> Oil Field Water Supply: lease .....<br>11. Test Hole: well ID .....<br><input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical<br>12. Geothermal: how many bores? .....<br>a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical<br>b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water<br>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

|  |  |  |
|--|--|--|
| <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.<br>Casing height above land surface ..... in.    Weight ..... lbs./ft.    Wall thickness or gauge No. ....  |  |  |
| <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b><br><input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) .....<br><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><br><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) .....<br><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.<br><b>GRAVEL PACK INTERVALS:</b> 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 |
|---------------|----|----------------|------|----|--|
|               |    |                |      |    |  |
|               |    |                |      |    |  |
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|               |    |                |      |    |  |
| <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 .....