



# WATER WELL RECORD Form WWC-5 1255647

Division of Water Resources App. No. \_\_\_\_\_ Well ID \_\_\_\_\_

Original Record  Correction  Change in Well Use

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: _____	1/4   1/4   1/4   1/4	_____	T   S	R   E   W

2 **WELL OWNER:** Last Name: \_\_\_\_\_ 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:

Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

3 **LOCATE WELL WITH "X" IN SECTION BOX:**  
N

X		

W                                  E

S

-----1 mile-----

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: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock 2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial	5. <input type="checkbox"/> Public Water Supply: well ID _____ 6. <input type="checkbox"/> Dewatering: how many wells? _____ 7. <input type="checkbox"/> Aquifer Recharge: well ID _____ 8. <input type="checkbox"/> Monitoring: well ID _____ 9. Environmental Remediation: well ID _____ <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	10. <input type="checkbox"/> Oil Field Water Supply: lease _____ 11. Test Hole: well ID _____ <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 12. Geothermal: how many bores? _____ a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water 13. <input type="checkbox"/> Other (specify): _____
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**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 \_\_\_\_\_

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> KSA 82a-1212