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 - - (X)
W | | | E
- - SW - - | - - SE - -

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:
   - ☐ 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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