

**WATER WELL RECORD Form WWC-5** Original Record  Correction  Change in Well UseDivision of Water  
Resources App. No.

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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:</b> Last Name: Business: Address: Address: City:		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 border="1" style="width: 100px; text-align: center;"><tr><td></td><td></td><td></td></tr><tr><td>-- NW --</td><td>-- NE --</td><td></td></tr><tr><td>X -- SW --</td><td>-- SE --</td><td></td></tr><tr><td></td><td></td><td></td></tr></table> W    E 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 Source for Latitude/Longitude: <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>7 WELL WATER TO BE USED AS:</b> 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 .....																			
10. <input type="checkbox"/> Oil Field Water Supply: lease .....																			
11. Test Hole: well ID .....																			
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): .....																			
<b>Was a chemical/bacteriological sample submitted to KDHE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, date sample was submitted: .....																			
Water well disinfected? <input type="checkbox"/> Yes <input type="checkbox"/> 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. Casing height above land surface ..... in.    Weight ..... lbs./ft.    Wall thickness or gauge No. ....																			
TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) .....																			
<input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole)																			
SCREEN OR PERFORATION OPENINGS ARE: <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) .....																			
<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)																			
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.																			
<b>9 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other .....																			
Grout Intervals: From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.																			
<b>Nearest source of possible contamination:</b> No potential source of contamination within 200 ft. <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.																			
<b>10 FROM</b>	<b>TO</b>	<b>LITHOLOGIC LOG</b>			<b>FROM</b>	<b>TO</b>	<b>LITHO. LOG (cont.) or PLUGGING INTERVALS</b>												
			<b>Notes:</b>																
<b>11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> 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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