

**WATER WELL RECORD Form WWC-5**

Original Record  Correction  Change in Well Use

Division of Water Resources App. No.

Well ID

|  |   |                                     |                          |   |
|--|---|-------------------------------------|--------------------------|---|
| <b>1 LOCATION OF WATER WELL:</b><br>County: <input type="text"/> | Fraction<br>$\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ | Section Number <input type="text"/> | Township Number<br>T   S | Range Number<br>R <input type="checkbox"/> E <input type="checkbox"/> 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:  City:  State:  ZIP:

**3 LOCATE WELL WITH “X” IN SECTION BOX:**  
N

|          |          |   |
|----------|----------|---|
|          |          |   |
| -- NW -- | -- NE -- |   |
| 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:<br><input type="checkbox"/> Household<br><input type="checkbox"/> Lawn & Garden<br><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<br><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<br>b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water | 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

**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 |
|---------|----|----------------|------|----|--|
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**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 .....