



**WATER WELL RECORD Form WWC-5** 1349677

Division of Water  
Resources App. No.

Original Record  Correction  Change in Well Use

Well ID

<b>1 LOCATION OF WATER WELL:</b> County: _____	Fraction 1/4   1/4   1/4   1/4	Section Number	Township Number T   S	Range Number R <input type="checkbox"/> E <input type="checkbox"/> W															
<b>2 WELL OWNER:</b> 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: <input type="checkbox"/>																	
<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N <table border="1" style="width:100%; text-align: center; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td>NW</td><td> </td><td>NE</td></tr> <tr><td>SW</td><td>X</td><td>SE</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td>W</td><td>S</td><td>E</td></tr> </table> S -----1 mile-----				NW		NE	SW	X	SE				W	S	E	<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 <b>WELL'S STATIC WATER LEVEL:</b> _____ 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 <b>Source for Latitude/Longitude:</b> <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																	
SW	X	SE																	
W	S	E																	
<b>6 Elevation:</b> _____ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC <b>Source:</b> <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> 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

**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.