**WATER WELL RECORD**    **Form WWC-5**    ‖‖‖‖‖ 1325003

☐ Original Record   ☐ Correction   ☐ Change in Well Use    Division of Water Resources App. No. ☐    Well ID ☐

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**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: ☐

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

N

- - NW - - | - - NE - -
W   **X**   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 …..………………………………..…..

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**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

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**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.

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**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.

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| 10 FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
|---------|----|----------------|------|----|------------------------------------------|
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|  |  |  | **Notes:** |  |  |
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**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