

## WATER WELL RECORD

Form WWC-5

1347322

Division of Water  
Resources App. No.

Well ID

☐ Original Record ☐ Correction ☐ Change in Well Use

## 1 LOCATION OF WATER WELL:

County:

Fraction

1/4

1/4

1/4

1/4

Section Number

Township Number

T

S

Range Number

R

☐ E☐ W

## 2 WELL OWNER: Last Name:

First:

Business:

Address:

Address:

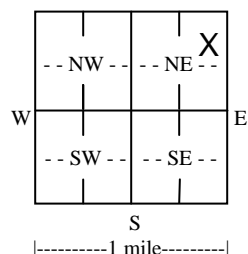
City:

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



## 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 ☐ TOCSource: ☐ Land Survey ☐ GPS ☐ Topographic Map☐ Other .....

## 7 WELL WATER TO BE USED AS:

## 1. Domestic:

- ☐
- Household
- 
- ☐
- Lawn & Garden
- 
- ☐
- Livestock

2. ☐ Irrigation3. ☐ Feedlot4. ☐ Industrial5. ☐ 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 ☐ Injection10. ☐ Oil Field Water Supply: lease .....

## 11. Test Hole: well ID .....

☐ Cased ☐ Uncased ☐ Geotechnical

## 12. Geothermal: how many bores? .....

a) Closed Loop ☐ Horizontal ☐ Verticalb) Open Loop ☐ Surface Discharge ☐ Inj. of Water13. ☐ Other (specify): .....Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted: .....Water well disinfected? ☐ Yes ☐ No8 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.

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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