

**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> 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: _____ 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 <div style="border: 1px solid black; padding: 5px; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">X</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">NW</td> <td style="border: 1px solid black; text-align: center;">NE</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">SW</td> <td style="border: 1px solid black; text-align: center;">SE</td> <td style="border: 1px solid black;"></td> </tr> </table> </div> S -----1 mile-----				X		NW	NE		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 <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: .....			
	X																		
NW	NE																		
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 .....			<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): .....													
Was a chemical/bacteriological sample submitted to KDHE? <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. ....																			
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> <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)																			
<b>SCREEN OR PERFORATION OPENINGS ARE:</b> <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)																			
<b>SCREEN-PERFORATED INTERVALS:</b> From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.																			
<b>GRAVEL PACK INTERVALS:</b> 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"/> Sewer Lines			<input type="checkbox"/> Cess Pool			<input type="checkbox"/> Sewage Lagoon			<input type="checkbox"/> Fuel Storage										
<input type="checkbox"/> Watertight Sewer Lines			<input type="checkbox"/> Seepage Pit			<input type="checkbox"/> Feedyard			<input type="checkbox"/> Fertilizer Storage										
<input type="checkbox"/> Other (Specify) .....									<input type="checkbox"/> Insecticide Storage										
									<input type="checkbox"/> Abandoned Water Well										
									<input type="checkbox"/> Oil Well/Gas Well										
Direction from well? ..... Distance from well? ..... ft.																			
<b>10 FROM TO LITHOLOGIC LOG FROM TO 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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