

WATER WELL RECORD Form WWC-5

Original Record Correction Change in Well Use

Division of Water Resources App. No.

Well ID

1 LOCATION OF WATER WELL: County: <input type="text"/>		Fraction 1/4 1/4 1/4 1/4		Section Number <input type="text"/>	Township Number T S	Range Number R E W
2 WELL OWNER: Last Name: <input type="text"/> First: <input type="text"/> Business: <input type="text"/> Address: <input type="text"/> City: <input type="text"/> State: <input type="text"/> ZIP: <input type="text"/>			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"/>			
3 LOCATE WELL WITH "X" IN SECTION BOX: N  W E S -----1 mile-----	4 DEPTH OF COMPLETED WELL: 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.			5 Latitude:(decimal degrees) Longitude:(decimal degrees) Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 <u>Source for Latitude/Longitude:</u> <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:		
	6 Elevation:ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC <u>Source:</u> <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?		13. <input type="checkbox"/> Other (specify):
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				
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						
8 TYPE OF CASING USED: <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.						
TYPE OF SCREEN OR PERFORATION MATERIAL: <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)						
SCREEN OR PERFORATION OPENINGS ARE: <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)						
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: <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.						
Nearest source of possible contamination: 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.						
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 <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 KSA 82a-1212						