

WATER WELL RECORD

Form WWC-5

1198622

Division of Water Resources App. No.

Well ID

- Original Record
- Correction
- Change in Well Use

1 LOCATION OF WATER WELL:

County:	Fraction	Section Number	Township Number	Range Number
	1/4 1/4 1/4 1/4		T S	R <input type="checkbox"/> E <input type="checkbox"/> W

2 WELL OWNER: Last Name: _____ First: _____

Business: _____ 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:

Address: _____

Address: _____

City: _____ State: _____ ZIP: _____

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

7 WELL WATER TO BE USED AS:

1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	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	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
2. <input type="checkbox"/> Irrigation	9. Environmental Remediation: well ID <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction	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
3. <input type="checkbox"/> Feedlot	<input type="checkbox"/> Recovery <input type="checkbox"/> Injection	13. <input type="checkbox"/> Other (specify):
4. <input type="checkbox"/> Industrial		

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.

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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