WATER WELL RECORD   Form WWC-5 |||||||||||||||||||||||||||||||||| 1324949

☐ Original Record   ☐ Correction   ☐ Change in Well Use

Division of Water Resources App. No. [   ]   Well ID [   ]

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.

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

KSA 82a-1212