

**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>		Fraction		Section Number	Township Number	Range Number
County:		1/4	1/4	1/4	1/4	T S R <input type="checkbox"/> E <input type="checkbox"/> W
<b>2 WELL OWNER:</b> Last Name:			First:	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"/>		
Business:						
Address:						
Address:						
City:			State:	ZIP:		
<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL:</b> .....			<b>5 Latitude:</b> .....(decimal degrees)	
N		Depth(s) Groundwater Encountered: 1) ..... ft.			<b>Longitude:</b> .....(decimal degrees)	
		2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well			Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27	
		WELL'S STATIC WATER LEVEL: ..... ft.			Source for Latitude/Longitude:	
		<input type="checkbox"/> below land surface, measured on (mo-day-yr).....			<input type="checkbox"/> GPS (unit make/model: .....)	
		<input type="checkbox"/> above land surface, measured on (mo-day-yr).....			(WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No)	
		Pump test data: Well water was ..... ft.			<input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map	
		after ..... hours pumping ..... gpm			<input type="checkbox"/> Online Mapper: .....	
		Well water was ..... ft.				
		after ..... hours pumping ..... gpm			<b>6 Elevation:</b> .....ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC	
		Estimated Yield: .....gpm			Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map	
		Bore Hole Diameter: ..... in. to ..... ft. and			<input type="checkbox"/> Other .....	
		..... in. to ..... ft.				
<b>7 WELL WATER TO BE USED AS:</b>						
1. Domestic:		5. <input type="checkbox"/> Public Water Supply: well ID .....		10. <input type="checkbox"/> Oil Field Water Supply: lease .....		
<input type="checkbox"/> Household		6. <input type="checkbox"/> Dewatering: how many wells? .....		11. Test Hole: well ID .....		
<input type="checkbox"/> Lawn & Garden		7. <input type="checkbox"/> Aquifer Recharge: well ID .....		<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical		
<input type="checkbox"/> Livestock		8. <input type="checkbox"/> Monitoring: well ID .....		12. Geothermal: how many bores? .....		
2. <input type="checkbox"/> Irrigation		9. Environmental Remediation: well ID .....		a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical		
3. <input type="checkbox"/> Feedlot		<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction		b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water		
4. <input type="checkbox"/> Industrial		<input type="checkbox"/> Recovery <input type="checkbox"/> Injection		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 diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.			CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded			
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.						
<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.						
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.						
<b>10 FROM</b>		<b>TO</b>		<b>LITHOLOGIC LOG</b>		
				FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS		
				<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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> <span style="float: right;">KSA 82a-1212</span>						