

**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:  |   | ¼    ¼    ¼    ¼   |   | T       S                                     | R    E   W                                      |  |  |  |  |   |   |  |  |   |   |   |  |                                   |   |   |  |  |  |  |  |
| <b>2 WELL OWNER:</b> Last Name: First: Business:<br>Address:<br>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><br><div style="text-align:center;">N<br/><table border="1" style="margin:auto; width:100px; height:100px;"><tr><td></td><td></td><td></td></tr><tr><td>-- NW --</td><td>X</td><td>-- NE --</td></tr><tr><td>-- SW --</td><td></td><td>-- SE --</td></tr><tr><td></td><td></td><td></td></tr></table><br/>S<br/>-----1 mile-----<br/>W                          E</div>   |   |  |   | -- NW --                                      | X   | -- NE --   | -- SW --   |  | -- SE --                                       |   |   |  | <b>4 DEPTH OF COMPLETED WELL:</b> ..... ft.<br>Depth(s) Groundwater Encountered: 1) ..... ft.<br>2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well<br>WELL'S STATIC WATER LEVEL: ..... ft.<br><input type="checkbox"/> below land surface, measured on (mo-day-yr).....<br><input type="checkbox"/> above land surface, measured on (mo-day-yr).....<br>Pump test data: Well water was ..... ft.<br>after..... hours pumping ..... gpm<br>Well water was ..... ft.<br>after..... hours pumping ..... gpm<br>Estimated Yield: .....gpm<br>Bore Hole Diameter: ..... in. to ..... ft. and<br>..... in. to ..... ft. |   | <b>5 Latitude:</b> .....(decimal degrees)<br><b>Longitude:</b> .....(decimal degrees)<br>Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27<br><u>Source for Latitude/Longitude:</u><br><input type="checkbox"/> GPS (unit make/model: .....)<br>(WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No)<br><input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map<br><input type="checkbox"/> Online Mapper: ..... |   |  |                                   |   |   |  |  |  |  |  |
|  |   |  |   |   |   |  |  |  |  |   |   |  |  |   |   |   |  |                                   |   |   |  |  |  |  |  |
| -- NW --   | X   | -- NE --   |   |   |   |  |  |  |  |   |   |  |  |   |   |   |  |                                   |   |   |  |  |  |  |  |
| -- SW --   |   | -- SE --   |   |   |   |  |  |  |  |   |   |  |  |   |   |   |  |                                   |   |   |  |  |  |  |  |
|  |   |  |   |   |   |  |  |  |  |   |   |  |  |   |   |   |  |                                   |   |   |  |  |  |  |  |
|  |   | <b>6 Elevation:</b> .....ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC<br><u>Source:</u> <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map<br><input type="checkbox"/> Other ..... |   |   |   |  |  |  |  |   |   |  |  |   |   |   |  |                                   |   |   |  |  |  |  |  |
| <b>7 WELL WATER TO BE USED AS:</b><br><table style="width:100%;"><tr><td>1. Domestic:<br/><input type="checkbox"/> Household<br/><input type="checkbox"/> Lawn &amp; Garden<br/><input type="checkbox"/> Livestock</td><td>5. <input type="checkbox"/> Public Water Supply: well ID .....</td><td>10. <input type="checkbox"/> Oil Field Water Supply: lease .....</td></tr><tr><td>2. <input type="checkbox"/> Irrigation</td><td>6. <input type="checkbox"/> Dewatering: how many wells? .....</td><td>11. Test Hole: well ID .....<br/><input type="checkbox"/> Cased   <input type="checkbox"/> Uncased   <input type="checkbox"/> Geotechnical</td></tr><tr><td>3. <input type="checkbox"/> Feedlot</td><td>7. <input type="checkbox"/> Aquifer Recharge: well ID .....</td><td>12. Geothermal: how many bores? .....<br/>    a) Closed Loop   <input type="checkbox"/> Horizontal   <input type="checkbox"/> Vertical</td></tr><tr><td>4. <input type="checkbox"/> Industrial</td><td>8. <input type="checkbox"/> Monitoring: well ID .....</td><td>    b) Open Loop   <input type="checkbox"/> Surface Discharge   <input type="checkbox"/> Inj. of Water</td></tr><tr><td></td><td>9. Environmental Remediation: well ID .....<br/>    <input type="checkbox"/> Air Sparge         <input type="checkbox"/> Soil Vapor Extraction</td><td>13. <input type="checkbox"/> Other (specify): .....</td></tr><tr><td></td><td>    <input type="checkbox"/> Recovery            <input type="checkbox"/> Injection</td><td></td></tr></table> |   |  |   |   |   | 1. Domestic:<br><input type="checkbox"/> Household<br><input type="checkbox"/> Lawn & Garden<br><input type="checkbox"/> Livestock | 5. <input type="checkbox"/> Public Water Supply: well ID ..... | 10. <input type="checkbox"/> Oil Field Water Supply: lease ..... | 2. <input type="checkbox"/> Irrigation         | 6. <input type="checkbox"/> Dewatering: how many wells? ..... | 11. Test Hole: well ID .....<br><input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical | 3. <input type="checkbox"/> Feedlot            | 7. <input type="checkbox"/> Aquifer Recharge: well ID .....  | 12. Geothermal: how many bores? .....<br>a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical | 4. <input type="checkbox"/> Industrial  | 8. <input type="checkbox"/> Monitoring: well ID ..... | b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water |                                   | 9. Environmental Remediation: well ID .....<br><input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction | 13. <input type="checkbox"/> Other (specify): ..... |  | <input type="checkbox"/> Recovery <input type="checkbox"/> Injection |  |  |  |
| 1. Domestic:<br><input type="checkbox"/> Household<br><input type="checkbox"/> Lawn & Garden<br><input type="checkbox"/> Livestock   | 5. <input type="checkbox"/> Public Water Supply: well ID .....  | 10. <input type="checkbox"/> Oil Field Water Supply: lease .....   |   |   |   |  |  |  |  |   |   |  |  |   |   |   |  |                                   |   |   |  |  |  |  |  |
| 2. <input type="checkbox"/> Irrigation   | 6. <input type="checkbox"/> Dewatering: how many wells? .....   | 11. Test Hole: well ID .....<br><input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical  |   |   |   |  |  |  |  |   |   |  |  |   |   |   |  |                                   |   |   |  |  |  |  |  |
| 3. <input type="checkbox"/> Feedlot  | 7. <input type="checkbox"/> Aquifer Recharge: well ID .....   | 12. Geothermal: how many bores? .....<br>a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical  |   |   |   |  |  |  |  |   |   |  |  |   |   |   |  |                                   |   |   |  |  |  |  |  |
| 4. <input type="checkbox"/> Industrial   | 8. <input type="checkbox"/> Monitoring: well ID .....   | b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water   |   |   |   |  |  |  |  |   |   |  |  |   |   |   |  |                                   |   |   |  |  |  |  |  |
|  | 9. Environmental Remediation: well ID .....<br><input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction | 13. <input type="checkbox"/> Other (specify): .....  |   |   |   |  |  |  |  |   |   |  |  |   |   |   |  |                                   |   |   |  |  |  |  |  |
|  | <input type="checkbox"/> Recovery <input type="checkbox"/> Injection  |  |   |   |   |  |  |  |  |   |   |  |  |   |   |   |  |                                   |   |   |  |  |  |  |  |
| <b>Was a chemical/bacteriological sample submitted to KDHE?</b> <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 ..... <b>CASING JOINTS:</b> <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded<br>Casing diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.<br>Casing height above land surface ..... in.    Weight ..... lbs./ft.    Wall thickness or gauge No. ....  |   |  |   |   |   |  |  |  |  |   |   |  |  |   |   |   |  |                                   |   |   |  |  |  |  |  |
| <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b><br><table style="width:100%;"><tr><td><input type="checkbox"/> Steel</td><td><input type="checkbox"/> Stainless Steel</td><td><input type="checkbox"/> PVC</td><td><input type="checkbox"/> Other (Specify) .....</td></tr><tr><td><input type="checkbox"/> Brass</td><td><input type="checkbox"/> Galvanized Steel</td><td><input type="checkbox"/> None used (open hole)</td><td></td></tr></table>   |   |  |   |   |   | <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) |  |   |   |   |  |                                   |   |   |  |  |  |  |  |
| <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><br><table style="width:100%;"><tr><td><input type="checkbox"/> Continuous Slot</td><td><input type="checkbox"/> Mill Slot</td><td><input type="checkbox"/> Gauze Wrapped</td><td><input type="checkbox"/> Torch Cut</td><td><input type="checkbox"/> Drilled Holes</td><td><input type="checkbox"/> Other (Specify) .....</td></tr><tr><td><input type="checkbox"/> Louvered Shutter</td><td><input type="checkbox"/> Key Punched</td><td><input type="checkbox"/> Wire Wrapped</td><td><input type="checkbox"/> Saw Cut</td><td><input type="checkbox"/> None (Open Hole)</td><td></td></tr></table>   |   |  |   |   |   | <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)             |  |                                   |   |   |  |  |  |  |  |
| <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 .....<br>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.<br><table style="width:100%;"><tr><td><input type="checkbox"/> Septic Tank</td><td><input type="checkbox"/> Lateral Lines</td><td><input type="checkbox"/> Pit Privy</td><td><input type="checkbox"/> Livestock Pens</td><td><input type="checkbox"/> Insecticide Storage</td></tr><tr><td><input type="checkbox"/> Sewer Lines</td><td><input type="checkbox"/> Cess Pool</td><td><input type="checkbox"/> Sewage Lagoon</td><td><input type="checkbox"/> Fuel Storage</td><td><input type="checkbox"/> Abandoned Water Well</td></tr><tr><td><input type="checkbox"/> Watertight Sewer Lines</td><td><input type="checkbox"/> Seepage Pit</td><td><input type="checkbox"/> Feedyard</td><td><input type="checkbox"/> Fertilizer Storage</td><td><input type="checkbox"/> Oil Well/Gas Well</td></tr><tr><td colspan="5"><input type="checkbox"/> Other (Specify) .....</td></tr></table>  |   |  |   |   |   | <input type="checkbox"/> Septic Tank   | <input type="checkbox"/> Lateral Lines                         | <input type="checkbox"/> Pit Privy                               | <input type="checkbox"/> Livestock Pens        | <input type="checkbox"/> Insecticide Storage                  | <input type="checkbox"/> Sewer Lines  | <input type="checkbox"/> Cess Pool             | <input type="checkbox"/> Sewage Lagoon   | <input type="checkbox"/> Fuel Storage   | <input type="checkbox"/> Abandoned Water Well   | <input type="checkbox"/> Watertight Sewer Lines       | <input type="checkbox"/> Seepage Pit   | <input type="checkbox"/> Feedyard | <input type="checkbox"/> Fertilizer Storage   | <input type="checkbox"/> Oil Well/Gas Well          | <input type="checkbox"/> Other (Specify) ..... |  |  |  |  |
| <input type="checkbox"/> Septic Tank   | <input type="checkbox"/> Lateral Lines  | <input type="checkbox"/> Pit Privy   | <input type="checkbox"/> Livestock Pens   | <input type="checkbox"/> Insecticide Storage  |   |  |  |  |  |   |   |  |  |   |   |   |  |                                   |   |   |  |  |  |  |  |
| <input type="checkbox"/> Sewer Lines   | <input type="checkbox"/> Cess Pool  | <input type="checkbox"/> Sewage Lagoon   | <input type="checkbox"/> Fuel Storage   | <input type="checkbox"/> Abandoned Water Well |   |  |  |  |  |   |   |  |  |   |   |   |  |                                   |   |   |  |  |  |  |  |
| <input type="checkbox"/> Watertight Sewer Lines  | <input type="checkbox"/> Seepage Pit  | <input type="checkbox"/> Feedyard  | <input type="checkbox"/> Fertilizer Storage   | <input type="checkbox"/> Oil Well/Gas Well    |   |  |  |  |  |   |   |  |  |   |   |   |  |                                   |   |   |  |  |  |  |  |
| <input type="checkbox"/> Other (Specify) .....   |   |  |   |   |   |  |  |  |  |   |   |  |  |   |   |   |  |                                   |   |   |  |  |  |  |  |
| Direction from well? ..... Distance from well? ..... ft.   |   |  |   |   |   |  |  |  |  |   |   |  |  |   |   |   |  |                                   |   |   |  |  |  |  |  |
| <b>10 FROM</b>   | <b>TO</b>   | <b>LITHOLOGIC LOG</b>  | <b>FROM</b>   | <b>TO</b>                                     | <b>LITHO. LOG (cont.) or PLUGGING INTERVALS</b> |  |  |  |  |   |   |  |  |   |   |   |  |                                   |   |   |  |  |  |  |  |
|  |   |  |   |   |   |  |  |  |  |   |   |  |  |   |   |   |  |                                   |   |   |  |  |  |  |  |
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|  |   |  |   |   |   |  |  |  |  |   |   |  |  |   |   |   |  |                                   |   |   |  |  |  |  |  |
|  |   |  |   |   |   |  |  |  |  |   |   |  |  |   |   |   |  |                                   |   |   |  |  |  |  |  |
|  |   |  |   |   |   |  |  |  |  |   |   |  |  |   |   |   |  |                                   |   |   |  |  |  |  |  |
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|  |   |  |   |   |   |  |  |  |  |   |   |  |  |   |   |   |  |                                   |   |   |  |  |  |  |  |
|  |   |  | <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.<br>Kansas Water Well Contractor's License No. .... This Water Well Record was completed on (mo-day-year) .....<br>under the business name of .....   |   |  |   |   |   |  |  |  |  |   |   |  |  |   |   |   |  |                                   |   |   |  |  |  |  |  |
| Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> well.<br>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.<br>Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> KSA 82a-1212  |   |  |   |   |   |  |  |  |  |   |   |  |  |   |   |   |  |                                   |   |   |  |  |  |  |  |