# 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: _____

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: ☐

**3 LOCATE WELL WITH "X" IN SECTION BOX:**

N

- - NW - - | - - NE - -

W ——————— E

- - SW - - | X - 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:
   ☐ 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

**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   ☐ PVC   ☐ Other (Specify) ………..……………..…………..
☐ Brass   ☐ Galvanized Steel   ☐ 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:**    No potential source of contamination within 200 ft.

☐ 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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