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
X - 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:
   ☐ 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 LITHOLOGIC LOG

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