

**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

1/4

1/4

1/4

1/4

Section Number

Township Number

T

S

Range Number

R

☐ E☐ W**2 WELL OWNER:** Last Name:

First:

Business:

Address:

Address:

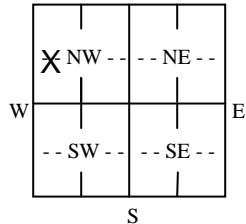
City:

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



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 ☐ TOCSource: ☐ Land Survey ☐ GPS ☐ Topographic Map☐ Other .....**7 WELL WATER TO BE USED AS:**

1. Domestic:

☐ Household☐ Lawn & Garden☐ Livestock2. ☐ Irrigation3. ☐ Feedlot4. ☐ Industrial5. ☐ 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 ☐ Injection10. ☐ Oil Field Water Supply: lease .....

11. Test Hole: well ID .....

☐ Cased ☐ Uncased ☐ Geotechnical

12. Geothermal: how many bores? .....

a) Closed Loop ☐ Horizontal ☐ Verticalb) Open Loop ☐ Surface Discharge ☐ Inj. of Water13. ☐ 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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