

**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:

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: 

Business:

Address:

Address:

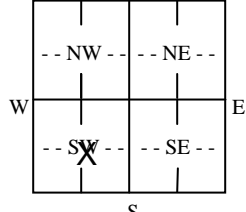
City:

State:

ZIP:

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

N



-----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.  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**

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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