



**WATER WELL RECORD Form WWC-5 1325648**

Division of Water  
Resources App. No.  

Well ID  

Original Record    Correction    Change in Well Use

**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:**

Business:  
Address:  
Address:  
City:

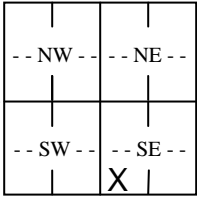
First:

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    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    Fiberglass    PVC    Other (Specify) .....  
 Brass    Galvanized Steel    Concrete tile    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:**

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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