

# 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
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2 **WELL OWNER:** Last Name: \_\_\_\_\_ First: \_\_\_\_\_  
 Business: \_\_\_\_\_ 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:   
 Address: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

<p>3 <b>LOCATE WELL WITH “X” IN SECTION BOX:</b></p> <p style="text-align: center;">N</p> <table border="1" style="width: 100px; height: 100px;"> <tr> <td style="text-align: center;">NW</td> <td style="text-align: center;">NE</td> </tr> <tr> <td style="text-align: center;">SW</td> <td style="text-align: center;">SE</td> </tr> </table> <p style="text-align: center;">S</p> <p style="text-align: center;">-----1 mile-----</p>	NW	NE	SW	SE	<p>4 <b>DEPTH OF COMPLETED WELL:</b> ..... ft.</p> <p>Depth(s) Groundwater Encountered: 1) ..... ft.</p> <p>2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well</p> <p>WELL’S STATIC WATER LEVEL: ..... ft.</p> <p><input type="checkbox"/> below land surface, measured on (mo-day-yr).....</p> <p><input type="checkbox"/> above land surface, measured on (mo-day-yr).....</p> <p>Pump test data: Well water was ..... ft.</p> <p>after ..... hours pumping ..... gpm</p> <p>Well water was ..... ft.</p> <p>after ..... hours pumping ..... gpm</p> <p>Estimated Yield: .....gpm</p> <p>Bore Hole Diameter: ..... in. to ..... ft. and ..... in. to ..... ft.</p>	<p>5 <b>Latitude:</b> .....(decimal degrees)</p> <p><b>Longitude:</b> .....(decimal degrees)</p> <p>Datum: <input type="checkbox"/> WGS 84   <input type="checkbox"/> NAD 83   <input type="checkbox"/> NAD 27</p> <p><b>Source for Latitude/Longitude:</b></p> <p><input type="checkbox"/> GPS (unit make/model: .....)</p> <p>(WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No)</p> <p><input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map</p> <p><input type="checkbox"/> Online Mapper: .....</p>
	NW	NE				
SW	SE					
<p>6 <b>Elevation:</b> .....ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC</p> <p>Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map</p> <p><input type="checkbox"/> Other .....</p>						

7 **WELL WATER TO BE USED AS:**

1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	5. <input type="checkbox"/> Public Water Supply: well ID .....	10. <input type="checkbox"/> Oil Field Water Supply: lease .....
2. <input type="checkbox"/> Irrigation	6. <input type="checkbox"/> Dewatering: how many wells? .....	11. Test Hole: well ID ..... <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical
3. <input type="checkbox"/> Feedlot	7. <input type="checkbox"/> Aquifer Recharge: well ID .....	12. Geothermal: how many bores? .....
4. <input type="checkbox"/> Industrial	8. <input type="checkbox"/> Monitoring: well ID .....	a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical
	9. Environmental Remediation: well ID .....	b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water
	<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction	13. <input type="checkbox"/> Other (specify): .....
	<input type="checkbox"/> Recovery <input type="checkbox"/> Injection	

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.

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Lateral Lines	<input type="checkbox"/> Pit Privy	<input type="checkbox"/> Livestock Pens	<input type="checkbox"/> Insecticide Storage
<input type="checkbox"/> Sewer Lines	<input type="checkbox"/> Cess Pool	<input type="checkbox"/> Sewage Lagoon	<input type="checkbox"/> Fuel Storage	<input type="checkbox"/> Abandoned Water Well
<input type="checkbox"/> Watertight Sewer Lines	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Fertilizer Storage	<input type="checkbox"/> Oil Well/Gas Well
<input type="checkbox"/> Other (Specify) .....				

Direction from well? ..... Distance from well? ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
<b>Notes:</b>					

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.