WATER WELL RECORD   Form WWC-5

Division of Water Resources App. No. _____   Well ID _____

☐ Original Record ☐ Correction ☐ Change in Well Use

---

1 LOCATION OF WATER WELL:
County: _____

Fraction ¼ ¼ ¼ ¼

Section Number	Township Number	Range Number
	T S	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

- - SW - - - - SE - - X

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
			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 ………...