

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									
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: <input type="checkbox"/>													
3 LOCATE WELL WITH "X" IN SECTION BOX: N <table border="1" style="width: 100px; height: 100px; border-collapse: collapse;"><tr><td style="width: 50px;">NW</td><td style="width: 50px;">NE</td></tr><tr><td>SW</td><td>SE</td></tr></table> S -----1 mile-----		NW	NE	SW	SE	4 DEPTH OF COMPLETED WELL: ft. Depth(s) Groundwater Encountered: 1) ft. 2) ft. 3) ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: ft. <input type="checkbox"/> below land surface, measured on (mo-day-yr)..... <input type="checkbox"/> 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: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input type="checkbox"/> GPS (unit make/model:) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper:									
NW	NE																
SW	SE																
7 WELL WATER TO BE USED AS: 1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock 2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial 5. <input type="checkbox"/> Public Water Supply: well ID		6. <input type="checkbox"/> Dewatering: how many wells?		7. <input type="checkbox"/> Aquifer Recharge: well ID		8. <input type="checkbox"/> Monitoring: well ID		9. Environmental Remediation: well ID		10. <input type="checkbox"/> Oil Field Water Supply: lease		11. Test Hole: well ID		12. Geothermal: how many bores?		13. <input type="checkbox"/> Other (specify):	
Was a chemical/bacteriological sample submitted to KDHE? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, date sample was submitted:		Water well disinfected? <input type="checkbox"/> Yes <input type="checkbox"/> No													
8 TYPE OF CASING USED: <input type="checkbox"/> Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other		CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> 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: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> Continuous Slot <input type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify)		<input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input type="checkbox"/> Saw Cut <input type="checkbox"/> 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: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> 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												
				Notes:													
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> 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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