

**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:		Fraction	Section Number		Township Number	Range Number													
County:		1/4    1/4    1/4    1/4			T      S	R    E   W													
2 WELL OWNER: Last Name: _____ First: _____ Business: 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: <input type="checkbox"/>																
3 LOCATE WELL WITH "X" IN SECTION BOX: <div style="text-align:center;">N <table border="1" style="margin:auto; width:100px; height:100px;"><tr><td></td><td></td><td>X</td></tr><tr><td>-- NW --</td><td></td><td>-- NE --</td></tr><tr><td>W   </td><td>  </td><td>E   </td></tr><tr><td>-- SW --</td><td></td><td>-- SE --</td></tr><tr><td>S</td><td colspan="2"></td></tr></table><p style="text-align:center;"> -----1 mile----- </p></div>			X	-- NW --		-- NE --	W		E	-- SW --		-- SE --	S			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 <u>Source for Latitude/Longitude:</u> <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: .....	
			X																
-- NW --		-- NE --																	
W		E																	
-- SW --		-- SE --																	
S																			
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 ..... <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection 10. <input type="checkbox"/> Oil Field Water Supply: lease ..... 11. Test Hole: well ID ..... <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 12. Geothermal: how many bores? ..... a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water 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"/> Fiberglass <input type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) ..... <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <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 <u>constructed</u> 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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> KSA 82a-1212																			