

**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	Section Number		Township Number T S R E W																		
		¼    ¼    ¼    ½																					
2 WELL OWNER: Last Name: Business: Address: City:			First:	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: [ ]  																			
			State:	ZIP:																			
3 LOCATE WELL WITH "X" IN SECTION BOX: N <div style="text-align:center;"><div style="float:left; width:50px;">W</div><table border="1" style="margin:auto;"><tr><td> </td><td> </td><td> </td></tr><tr><td>-- NW --</td><td>-- NE --</td><td></td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td>-- SW --</td><td>X SE --</td><td></td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td>S</td><td></td><td>E</td></tr></table><div style="clear:both;"></div><div style="text-align:center;">-----1 mile-----</div></div>					-- NW --	-- NE --					-- SW --	X SE --					S		E	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 <u>Source for Latitude/Longitude:</u> [ ] GPS (unit make/model: ..... ) (WAAS enabled? [ ] Yes [ ] No) [ ] Land Survey    [ ] Topographic Map [ ] Online Mapper: ....., ....., .....  6 Elevation: .....ft.    [ ] Ground Level    [ ] TOC <u>Source:</u> [ ] Land Survey    [ ] GPS    [ ] Topographic Map [ ] Other ....., ....., .....	
-- NW --	-- NE --																						
-- SW --	X SE --																						
S		E																					
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                      [ ] 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. [ ] 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 ....., ....., .....																							
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 KSA 82a-1212																							