WATER WELL RECORD   Form WWC-5

‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖‖ 1246467

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

☐ Original Record   ☐ Correction   ☐ Change in Well Use

1 LOCATION OF WATER WELL:

	Fraction				Section Number	Township Number	Range Number
County:	¼	¼	¼	¼		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 - -
- - SW - -	- - SE - -

W   E

S

|---------1 mile--------|

(X marked in NW)

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 ……...