||||||||||||||||||||||||||| 1268234

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	Section Number	Township Number	Range Number
¼ ¼ ¼ ¼		T S	R ☐ E ☐ W

2 WELL OWNER:

Last Name: _____ First: _____

Business: _____
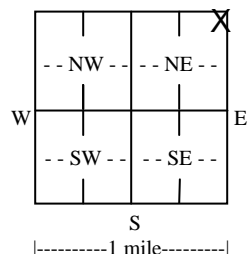Address: _____
Address: _____
City: _____ State: _____ ZIP: _____

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

X

- - NW - - | - - NE - -

W .... E

- - SW - - | - - SE - -

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 ……...

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