

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 County:	<input type="checkbox"/> 1/4 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/4	Section Number	Township Number T S	Range Number R <input type="checkbox"/> E <input type="checkbox"/> W												
2 WELL OWNER: Last Name:		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: <input type="checkbox"/>													
Business:																	
Address:																	
Address:																	
City:		State:		ZIP:													
3 LOCATE WELL WITH "X" IN SECTION BOX: N <table border="1" style="width:100%; text-align:center; border-collapse: collapse;"><tr><td></td><td></td><td></td></tr><tr><td>W</td><td>X</td><td>E</td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td>S</td><td></td></tr></table> -----1 mile-----					W	X	E					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 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:	
W	X	E															
	S																
6 Elevation:ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other																	
7 WELL WATER TO BE USED AS:																	
1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock		5. <input type="checkbox"/> Public Water Supply: well ID		10. <input type="checkbox"/> Oil Field Water Supply: lease													
2. <input type="checkbox"/> Irrigation		6. <input type="checkbox"/> Dewatering: how many wells?		11. Test Hole: well ID													
3. <input type="checkbox"/> Feedlot		7. <input type="checkbox"/> Aquifer Recharge: well ID		<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical													
4. <input type="checkbox"/> Industrial		8. <input type="checkbox"/> Monitoring: well ID		12. Geothermal: how many bores?													
		9. Environmental Remediation: well ID		a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical													
		<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction		b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water													
		<input type="checkbox"/> Recovery <input type="checkbox"/> Injection		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"/> Sewer Lines		<input type="checkbox"/> Cess Pool		<input type="checkbox"/> Sewage Lagoon													
<input type="checkbox"/> Watertight Sewer Lines		<input type="checkbox"/> Seepage Pit		<input type="checkbox"/> Feedyard													
<input type="checkbox"/> Other (Specify)		<input type="checkbox"/> Livestock Pens		<input type="checkbox"/> Insecticide Storage													
		<input type="checkbox"/> Fuel Storage		<input type="checkbox"/> Abandoned Water Well													
		<input type="checkbox"/> Fertilizer Storage		<input type="checkbox"/> Oil Well/Gas Well													
Direction from well? Distance from well? ft.																	
10 FROM		TO		LITHOLOGIC LOG													
				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 KSA 82a-1212																	