WATER WELL RECORD   Form WWC-5

‖‖‖‖‖‖‖‖‖ 1353743

☐ Original Record   ☐ Correction   ☐ Change in Well Use

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

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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: ☐

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3 LOCATE WELL WITH "X" IN SECTION BOX:

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              N
         |   X   |
- - NW - - | - - NE - -
W                      E
- - SW - - | - - SE - -
              S
|---------1 mile--------|
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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: ………………………………….……...
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6 Elevation: ...…..………….ft. ☐ Ground Level ☐ TOC
   Source: ☐ Land Survey   ☐ GPS   ☐ Topographic Map
       ☐ Other …..……………………………….……..

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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

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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.

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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.

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10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
			Notes:		

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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 ……...