

WATER WELL REC		W W C-3	22301	ווע	rision of Water		W 11 ID		
		e in Well Use			ources App. No		Well ID	NY 1	
1 LOCATION OF WATER WELL:		Fraction	1/		ction Number	Township Numb		ge Number	
County:	1/4 1/4	1/4	1/4	1 A 11	T S	R	□E □W		
2 WELL OWNER: Last I Business:	Name:	First:	· · · · · · · · · · · · · · · · · · ·						
Address:	direction from nearest town or intersection): If at owner's address, check here:							eneck nere:	
Address:									
City:	State:	ZIP:							
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:					ft 5 Latituda: (desired decrees)				
WITH "A" IN	Depth(s) Groundwater Encountered: 1)								
SECTION BOX: $(x,y) = (x,y) =$									
WELL'S STATIC WATER LEVEL:									
below land surface, measured on (mo-day-yr					······ GPS (unit make/model:)				
	above land surface, measured on (mo-day-				(WAAS enabled? \(\subseteq \text{Yes} \subseteq \text{No} \)				
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map				
W E	after hours pumping gpn				Online Mapper:				
SW SE	Well water was ft.								
1 1 . 1 . 1 1	after hours pumping gpr Estimated Yield:gpm			6 Elevation:ft. ☐ Ground Level ☐ TOC					
	Bore Hole Diameter: in. to fi								
1 mile	in. to fr				Other				
7 WELL WATER TO BE USED AS:									
1. Domestic: 5. Public Water Supply: well ID									
☐ Household	6. Dewatering: how many wells?								
☐ Lawn & Garden	7. Aquifer Recharge: well ID								
☐ Livestock	8. Monitoring: well ID								
2. Irrigation	9. Environmental Remediation: well ID								
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ext				raction	b) Open Loop Surface Discharge Inj. of Water				
4. 🗌 Industrial	Recovery	☐ Injection	on		13. ∐ Oth	er (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 diameter in. to ft., Diameter ft., Diameter ft.									
Casing height above land surface									
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)									
□ Conditious Stot □ Min Stot □ Gauze Wrapped □ Total Cut □ Diffied Holes □ Other (Specify)									
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft., From ft. to ft.									
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft. to ft.									
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other									
Grout Intervals: From									
Nearest source of possible contamination:									
☐ Septic Tank	☐ Lateral Line				Livestock Pen		cide 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) □ Oil Well/Gas Well									
Direction from well?		Distance fro		•		fe			
10 FROM TO	LITHOLOG		mi wen:	FROM		LITHO. LOG (cont.) o		GINTERVALS	
IV TROM	LITHOLOG	JIC EOG		TROM	10 1	ATTIO: LOG (cont.) o	I I LUGGII (S II (TER VILE)	
			+						
			1						
			1						
No:					Notes:				
11 CONTRACTOR'S O	R LANDOWNER'S	S CERTIFICAT	TION:	This wate	r well was 🗌	constructed, rec	onstructed,	or 🗌 plugged	
under my jurisdiction and was completed on (mo-day-year)									
Kansas Water Well Contra	ctor's License No	This	s Water	Well Red	cord was com	pleted on (mo-day-y	ear)	•••••	
under the business name of	d one copy to WATER W	FILOWNER and re	etain one	for your rec	ords Fee of \$5.0	00 for each constructed w	ell		
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.									

KSA 82a-1212 Visit us at http://www.kdheks.gov/waterwell/index.html