

WATER WELL R ☐ Original Record ☐		** ** C-3	00-10			on of Water	1		Well ID				
		ge in Well Use Fraction				rces App. No		ovenskin Nemb		n an Mumban			
1 LOCATION OF WATER WELL: County:		1/4 1/4 1/4		1/4	Section Number		10	ownship Numb T S		Range Number R			
2 WELL OWNER: La	First:			Duro1	Il Address where well is located (if unknown, distance and								
Business:		nearest town or intersection): If at owner's address, check here:											
Address:													
Address:													
City:	State:	ZIP:				Т							
3 LOCATE WELL	4 DEPTH OF COM	PLETED WEI	L:		ft	5 Latitu	de.			(decimal degrees)			
WITH "X" IN	Depth(s) Groundwater Encountered: 1)				ft. 5 Latitude:								
SECTION BOX:	2) ft. 3) ft., or 4) 🗆 1												
17	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:								
	below land surface, measured on (mo-day-yr					GPS (unit make/model:)							
NW NE	above land surface,		••••	(WAAS enabled? ☐ Yes ☐ No)									
x	Pump test data: Well w		☐ Land Survey ☐ Topographic Map										
W E	after hours			☐ Online Mapper:									
SW SE	Well water was ft. after hours pumping gp												
	Estimated Yield:	8	, P		6 Elevation:ft. ☐ Ground Level ☐ TOC								
S	Bore Hole Diameter: in. to				t. and Source: Land Survey GPS Topographic								
mile	1 mile in. to ft.							☐ Other					
7 WELL WATER TO BE USED AS:													
1. Domestic:		iter Supply: well I						Water Supply: 16					
Household	6. ☐ Dewatering: how many wells? 7. ☐ Aquifer Recharge: well ID												
☐ Lawn & Garden ☐ Livestock													
2. Irrigation	8. Monitoring: well ID												
3. ☐ Feedlot	9. Environmental Remediation: well ID Air Sparge Soil Vapor Extra				•••	a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water							
4. ☐ Industrial	☐ Recovery		_					ecify):					
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													
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)													
								ft Erom	ft to	. f+			
SCREEN-PERFORATED INTERVALS: From													
GRAVEL PACK INTERVALS: From													
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other													
Nearest source of possible		10., 1 10111			• • • • • • •	10., 1 10111 .		16. 60					
☐ Septic Tank	□ Lateral Line	es 🔲 Pit Pr	ivy		☐ Li	ivestock Pen	S	☐ Insection	cide Storage	;			
☐ Sewer Lines	☐ Cess Pool	☐ Sewa				uel Storage			oned Water				
☐ Watertight Sewer Lin					☐ Fe	ertilizer Stor	age	☐ Oil We	ll/Gas Well				
☐ Other (Specify)													
10 FROM TO	LITHOLOG		om we	FROM						IG INTERVALS			
10 FROM TO	LITHOLOG	JIC LOG		FKOW	L	10	LITHO	. LOG (cont.) of	FLUGGIN	UINTERVALS			
				Notes:									
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was \square constructed, \square reconstructed, or \square plugged													
under my jurisdiction an	d was completed on (m	no-day-year)		a	nd th	is record is	true t	o the best of m	y knowled	ge and belief.			
Kansas Water Well Con	tractor's License No	Thi	s Wat	er Well I	Kecor	rd was com	pleted	on (mo-day-y	ear)	•••••			
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.											