

WATER WELL R  ☐ Original Record ☐		VV VV C-3	0100	1		on of Water			Well ID		
1 LOCATION OF WA	<u> </u>	e in Well Use Fraction				ces App. No		ownshin Numb		nga Numbar	
County:	1/4 1/4 1/4 1/4			Section Number		1	ownship Numb T S		Range Number R □ E □ W		
2 WELL OWNER: La							l Address where well is located (if unknown, distance and				
Business: direction from nearest town or intersection): If at owner's address, check here:											
Address:											
City:	State:	ZIP:				1					
3 LOCATE WELL	4 DEPTH OF COM		ft. 5 Latitude:(decimal degrees)								
WITH "X" IN	Depth(s) Groundwater Encountered: 1)				. 10.	Longitude:					
SECTION BOX:	2) ft. 3) ft., or 4) 🗆 I				Dongrade(decima degrees)						
17	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	below land surface, measured on (mo-day-yr above land surface, measured on (mo-day-yr					☐ GPS (unit make/model:) (WAAS enabled? ☐ Yes ☐ No)					
NW   NE					• • • • •						
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
W E	after hours pumping gp: Well water was ft.					☐ Online Mapper:					
SW SE		s pumping gpm									
	gpm			6 Elevation			on:ft. Ground Level TOC				
S	in. to	. ft. and				☐ Land Survey ☐ GPS ☐ Topographic Map					
mile											
7 WELL WATER TO BE USED AS:											
1. Domestic:		ter Supply: well I	D			10. 🔲 Oil	Field	Water Supply: 16	ease		
☐ Household	6. ☐ Dewatering: how many wells?				11. Test Hole: well ID						
☐ Lawn & Garden	7. 🗌 Aquifer Re										
Livestock	8. Monitoring: well ID					12. Geothermal: how many bores?					
2. Irrigation	9. Environmental Remediation: well ID										
3. Feedlot	☐ Air Sparge ☐ Soil Vapor Extr					b) Open Loop ☐ Surface Discharge ☐ Inj. of Water					
4. ☐ Industrial ☐ Recovery ☐ Injection 13. ☐ Other (specify):											
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:											
Water well disinfected?											
8 TYPE OF CASING USED:  Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded											
Casing diameter											
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 □ Mili Stot □ Gauze Wrapped □ Total Cut □ Diffied Holes □ Other (Specify)											
SCREEN-PERFORATED INTERVALS: From											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Intervals: From											
Nearest source of possible											
☐ Septic Tank	☐ Lateral Line					vestock Pen	ıs		cide Storage		
☐ Sewer Lines	Cess Pool	☐ Sewa				iel Storage		_	oned Water		
☐ Watertight Sewer Lin					∐ Fe	ertilizer Stor	age	∐ Oil We	ll/Gas Wel		
☐ Other (Specify)											
10 FROM TO	LITHOLOG		JIII WE	FROM						IG INTERVALS	
10 110011 10	LITHOLOG	SIC EOG		TROM		10		3. LOG (cont.) of	1 Ec con	GHTLKTTLS	
				Notes:	I						
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged											
under my jurisdiction an	d was completed on (m	no-day-year)		aı	nd th	is record is	true	to the best of m	v knowled	lge and belief.	
Kansas Water Well Con	Kansas Water Well Contractor's License No										
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.											
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