

WATER WELL R ☐ Original Record ☐		** ** C-3	007			on of Water	l l		Well ID	
1 LOCATION OF W	<u> </u>	ge in Well Use Fraction				ces App. No		hin Numb		aga Numbar
County:	1/4 1/4 1/4 1/4			Section Number			Township Number T S		Range Number R	
2 WELL OWNER: La	First:		-	Duro1	al Address where well is located (if unknown, distance and					
Business: Address: direction from nearest town or intersection): If at owner's address, check here:										
Address:										
City:	State:	ZIP:			ı					
3 LOCATE WELL	4 DEPTH OF COM	PLETED WE	LL:		ft	5 Latitud	de.			(decimal degrees)
WITH "X" IN	Depth(s) Groundwater Encountered: 1)				ft. 5 Latitude:					
SECTION BOX:	2) ft. 3) ft., or 4) 🗆 I				Bongreace					
11	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 w		☐ Land Survey ☐ Topographic Map							
W E	after hours Well w			☐ Online Mapper:						
SW SE	after hours									
	Estimated Yield:	ع	,pm		6 Elevation:ft. ☐ Ground Level ☐ TOC					
S	Bore Hole Diameter:	. ft. and	and Source: Land Survey GPS Topograph:							
mile		. ft.	. Other							
7 WELL WATER TO BE USED AS:										
1. Domestic:		ter Supply: well				10. 🔲 Oil	Field Water	Supply: le	ease	
☐ Household	6. Dewaterin									
Lawn & Garden	7. Aquifer Re				ed 🔲 Und					
Livestock	8. Monitoring			12. Geothermal: how many bores?						
2. ☐ Irrigation 3. ☐ Feedlot	9. Environmental Remediation: well ID ☐ Air Sparge ☐ Soil Vapor Ext				•••	a) Closed Loop ☐ Horizontal ☐ Vertical 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:										
8 TYPE OF CASING USED: Steel PVC Other										
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)										
	☐ Key Punched ☐ W					ne (Open Ho				
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft., From ft. to ft.										
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft. to ft.										
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other										
Grout Intervals: From										
Septic Tank	E containmation: ☐ Lateral Line	es 🔲 Pit Pr	ivv		Пі	vestock Pen	c	□ Insecti	cide Storage	,
Sewer Lines	☐ Cess Pool	Sewa				iel Storage	3		oned Water	
☐ Watertight Sewer Lin						ertilizer Stor	age		ell/Gas Well	
Other (Specify)										
Direction from well?			om we							
10 FROM TO	LITHOLOG	GIC LOG		FROM		TO I	LITHO. LO	G (cont.) or	r PLUGGIN	G INTERVALS
				NT 4						
Notes:										
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)										
Kansas Water Well Con	tractor's License No.	Th	is Wat	er Well F	Recor	d was com	pleted on (mo-dav-v	ear)	50 4114 001101.
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.										
KS Department of Health a	nd Environment, Bureau of W	Vater, Geology Sect	ion, 100	00 SW Jacks	son St.	., Suite 420, T	opeka, Kansa	ıs 66612-136	67. Telephon	e 785-296-3565.