

WATER WELL R ☐ Original Record ☐		** ** C-3	071			ion of Water	l l		Well ID			
1 LOCATION OF W		e in Well Use Fraction				rces App. No		n Numh		aga Numbar		
County:	1/4 1/4 1/4 1/4			Section Number			Township Number T S		Range Number R □ E □ W			
2 WELL OWNER: La	First:			Duro	Il Address where well is located (if unknown, distance and							
Business:												
Business: direction from nearest town or intersection): If at owner's address, check here: Address:												
Address:												
City:	State:	ZIP:				1						
3 LOCATE WELL	4 DEPTH OF COMPLETED WELL:				ft. 5 Latitude :(decimal degrees)							
WITH "X" IN	Depth(s) Groundwater Encountered: 1)					Longitude:						
SECTION BOX:	2) ft. 3) ft., or 4) 🗆 I				Dongread:							
11	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, measured on (mo-day-yr				☐ Land Survey ☐ Topographic Map					√ o)		
	Pump test data: Well water was											
W E	after hours pumping gp Well water was ft.					☐ Online Mapper:						
SW SE	after hours pumping gp											
	Estimated Yield:gpm					6 Elevation:ft. ☐ Ground Level ☐ TOC						
S	Bore Hole Diameter: in. to				and Source: Land Survey GPS Topographic							
mile		in. to ft.					☐ Other					
7 WELL WATER TO BE USED AS:												
1. Domestic:		ter Supply: well										
Household	6. Dewatering: how many wells?											
☐ Lawn & Garden ☐ Livestock	7. Aquifer Recharge: well ID											
2. Irrigation	8. Monitoring: well ID					12. Geothermal: how many bores?						
3. ☐ Feedlot	9. Environmental Remediation: Well ID ☐ Air Sparge ☐ Soil Vapor Exti				••••	a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water						
4. ☐ Industrial	☐ Recovery		_									
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												
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)												
	☐ Key Punched ☐ W							Б	C	c.		
SCREEN-PERFORATED INTERVALS: From												
GRAVEL PACK INTERVALS: From												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other												
Nearest source of possible		It., Pioni	1	1. 10		11., 1 10111		10	11.			
Septic Tank	Lateral Line	es 🔲 Pit Pi	rivy		□Li	ivestock Pen	s 「	7 Insectio	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)												
			om we							C DIEDLIAL C		
10 FROM TO	LITHOLOG	JIC LOG		FROM	1	TO I	LITHO. LOG	(cont.) or	PLUGGIN	G INTERVALS		
				Notes:								
110000												
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged												
under my jurisdiction an	d was completed on (n	no-day-year)		a	nd th	is record is	true to the b	est of m	v knowled	ge and belief.		
Kansas Water Well Con	tractor's License No	Th	is Wat	ter Well l	Recoi	rd was com	pleted on (m	o-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.												
Les Department of Health at	Luvironincii, Duicau 01 V	, aici, ocology sect	1011, 100	JO D TT JACK	SOII DL	, Duite 720, I	opena, mansas	,0012-130	,,. rerepiion	- 105 270-5505.		