

WATER WELL R  ☐ Original Record ☐		<b>VV VV C-3</b>	2-100	1		on of Water			Well ID		
1 LOCATION OF W.		ge in Well Use Fraction				ces App. No		ownshin Numb		nga Numbar	
County:	1/4 1/4 1/4 1/4 1/4			Section Number		1	Township Number T S		Range Number R □ E □ W		
2 WELL OWNER: La	First:			Duro1	al Address where well is located (if unknown, distance and						
Business:		earest town or intersection): If at owner's address, check here:									
Address:											
Address:											
City:	State:	ZIP:			ı	1					
3 LOCATE WELL	4 DEPTH OF COM		. ft. 5 Latitude:(decimal degrees)								
WITH "X" IN	Depth(s) Groundwater Encountered: 1)				Longitude:						
SECTION BOX:	2) ft. 3) ft., or 4) 🗆 I				Dry Well Datum: \(\superscript{WGS 84}\) \(\superscript{NAD 83}\) \(\superscript{NAD 27}\)						
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								
E E	after hours			☐ Online Mapper:							
X SW SE	Well water was ft. after hours pumping gpi										
	Estimated Yield:		Gr			6 Elevation:ft. ☐ Ground Level ☐ TOC					
S	Bore Hole Diameter: in. to fr				ft. and Source			e: ☐ Land Survey ☐ GPS ☐ Topographic Map			
mile	1 mile  in. to ft.								•••••		
7 WELL WATER TO BE USED AS:											
1. Domestic:		iter Supply: well I						Water Supply: 16			
Household	6. Dewaterin										
☐ Lawn & Garden ☐ Livestock	7. Aquifer Re										
2. Irrigation	8. Monitorin										
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								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)											
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)  SCREEN-PERFORATED INTERVALS: From											
SCREEN-PERFORATED INTERVALS:         From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Intervals: From											
Nearest source of possible		,,				,					
☐ Septic Tank	□ Lateral Line				☐ Li	vestock Pen	ıs		cide Storage		
Sewer Lines	Cess Pool	☐ Sewaş				iel Storage			oned Water		
	☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well										
☐ Other (Specify)											
10 FROM TO	LITHOLOG		om we	FROM						IG INTERVALS	
10 TKOW TO	LITHOLOG	SIC LOG		TROM		10	LIIII	J. LOG (cont.) of	LUUUII	O INTERVALS	
				Notes:	<u>l</u>	ı					
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was $\square$ constructed, $\square$ reconstructed, or $\square$ plugged											
under my jurisdiction and was completed on (mo-day-year)											
Kansas Water Well Con	tractor's License No	Thi	s Wat	er Well F	Recor	d was com	plete	d on (mo-day-ye	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.										