

WATER WELL R ☐ Original Record ☐		** ** C-3	0120			ion of Water			Well ID		
		ge in Well Use Fraction				rces App. No		Numb		as Number	
1 LOCATION OF WATER WELL:				1/4	Section Number		1	Township Number		Range Number R	
County: 2 WELL OWNER: La	First:			Dural	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 COM		ft. 5 Latitude :(decimal degrees)								
WITH "X" IN	Depth(s) Groundwater Encountered: 1)					Longitude:					
SECTION BOX:	2) ft. 3) ft., or 4) 🗆 1				Dongton de Communicación de Communicació						
11	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
$ \ \ _{Y} \ \ $	below land surface, measured on (mo-day-yr					GP	GPS (unit make/model:)				
NW NE	above land surface, measured on (mo-day-yr Pump test data: Well water was ft.						(WAAS enabled? ☐ Yes ☐ No)				
			☐ Land Survey ☐ Topographic Map								
W E	after hours			☐ Online Mapper:							
SW SE	Well water was ft. after hours pumping gp										
	Estimated Yield:	5P		6 Elevation:ft. ☐ Ground Level ☐ TOC							
S	Bore Hole Diameter: in. to				and Source: Land Survey GPS Topographic						
mile			☐ Other								
7 WELL WATER TO BE USED AS:											
1. Domestic:		iter Supply: well l					Field Water Suj				
Household	6. ☐ Dewatering: how many wells? 7. ☐ Aquifer Recharge: well ID										
Lawn & Garden				☐ Cased ☐ Uncased ☐ Geotechnical							
☐ Livestock 2. ☐ Irrigation	8. Monitoring			12. Geothermal: how many bores?							
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		-				er (specify):				
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:											
							Other (Spec	ify)			
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)											
SCREEN-PERFORATED INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Nearest source of possible		10., 1 10111	1			11., 1 10111 .		,	11.		
☐ Septic Tank	☐ Lateral Line	es 🔲 Pit Pr	ivy		☐ Li	ivestock Pen	s \square	Insectic	ide Storage		
☐ Sewer Lines	☐ Cess Pool	☐ Sewa				uel Storage		Abando	ned Water V	Well	
☐ Watertight Sewer Lin					☐ Fe	ertilizer Stor	age \square	Oil Wel	l/Gas Well		
☐ Other (Specify)											
	LITHOLOG		om we	FROM					DI LICCINA	G INTERVALS	
10 FROM TO	LITHOLOG	JIC LUG		FKUM	ı	10	LITHO. LOG (C	ont.) or	PLUGGING	JINTERVALS	
				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	Thi	is Wat	er Well I	Recor	rd was com	pleted 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.										