

WATER WELL R ☐ Original Record ☐		vv vv C-3	0002	- 1		on of Water	ı		Well ID		
		e in Well Use Fraction				ces App. No		ahin Numb		aga Numbar	
1 LOCATION OF WATER WELL: County:		1/4 1/4	1/4	Section Number			Township Number T S		Range Number R □ E □ W		
2 WELL OWNER: La	First:	1/4		Duro1	al 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:											
City:	State:	ZIP:			ı						
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										
17	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					l o)	
	Pump test data: Well water was ft.										
W E	afterhours pumping					☐ Online Mapper:					
SW SE	Well water was ft. after hours pumping gp										
	Estimated Yield:gpm					6 Elevation:ft. ☐ Ground Level ☐ TOC					
S	Bore Hole Diameter: in. to									opographic Map	
mile	in. to ft				D 041						
7 WELL WATER TO BE USED AS:											
1. Domestic:	□ Public Wa	ter Supply: well I	D			10. 🔲 Oil	Field Wate	er Supply: 16	ease		
☐ Household	6. ☐ Dewatering: how many wells?				11. Test Hole: well ID						
☐ Lawn & Garden	7. 🗌 Aquifer Ro										
Livestock	8. Monitoring: well ID					12. Geothermal: how many bores?					
2. Irrigation	9. Environmental Remediation: well ID				•••	a) Closed Loop					
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 ☐ Steinless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify) ☐ Other (Specify) ☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)											
☐ 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 □ Min 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											
Nearest source of possible											
☐ Septic Tank	☐ Lateral Line					vestock Pen	S		cide Storage		
☐ Sewer Lines	Cess Pool	☐ Sewag				iel Storage			oned Water		
☐ Watertight Sewer Lin					∐ Fe	ertilizer Stor	age	☐ Oil We	ll/Gas Well		
☐ Other (Specify)											
10 FROM TO	LITHOLOG		Jili wei	FROM						G INTERVALS	
TO TROM TO	LITHOLOG	JIC LOG		TROM	-	10 1	LITTIO. LC	od (cont.) of	LUGGIIV	O II VI EK VI IES	
				Notes:	<u> </u>						
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	s Wat	er Well F	Recor	d was com	pleted on	(mo-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	, a.c.i, Geology Seell	JII, 100	O D 11 Jacks	on ot.	., Duite 720, I	opera, Kall	Jas 00012-13(,,. rerepiion	,, 00 270-0000.	