

WATER WELL R. ☐ Original Record ☐		VV VV C-3	0120	1		on of Water			Well ID		
1 LOCATION OF W	<u> </u>	e in Well Use Fraction				rces App. No		ovenskin Nemk		a a Mumban	
County:	1/4 1/4 1/4 1/4 1/4			Section Number		1	ownship Numb T S	R R	_		
2 WELL OWNER: La	First:			Duro1	al Address where well is located (if unknown, distance and						
Business:		nearest town or intersection): If at owner's address, check here:									
Address:											
Address:											
City:	State:	ZIP:				Т					
3 LOCATE WELL	4 DEPTH OF COM		ft. 5 Latitude:(decimal degrees					(decimal degrees)			
WITH "X" IN	Depth(s) Groundwater Encountered: 1)				Longitude:						
SECTION BOX:	2) ft. 3) ft., or 4) 🗆 1										
17	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 water wasft. afterhours pumpinggp				☐ Land Survey ☐ Topographic Map						
W E				☐ Online Mapper:							
SW SE	Well water was ft. after hours pumping gr										
	Estimated Yield:		gp			6 Elevation:ft. ☐ Ground Level ☐ TOC					
S	Bore Hole Diameter: in. to				. and Source: Land Survey GPS Topographic						
mile	•••	. ft.	☐ Other								
7 WELL WATER TO BE USED AS:											
1. Domestic:		ter Supply: well l						Water Supply: 16			
Household	6. Dewatering: how many wells?										
Lawn & Garden	7. Aquifer Re					Uncased 0					
Livestock	8. Monitoring										
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	Attaction		13. Other (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 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)											
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)											
SCREEN-PERFORATED INTERVALS: From											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Nearest source of possible		π., From	I	t. to	• • • • • • •	π., From .		п. то	II.		
Septic Tank	□ Lateral Line	es 🔲 Pit Pr	ivv		ПТі	vestock Pen	2	□ Insectio	cide Storage	•	
Sewer Lines	☐ Cess Pool	□ Sewa				uel Storage			oned Water		
☐ Watertight Sewer Lin						ertilizer Stor	age	· 	ll/Gas Well		
Other (Specify)											
Direction from well?			om wel								
10 FROM TO	LITHOLOG	GIC LOG		FROM		TO 1	LITHO	D. LOG (cont.) or	PLUGGIN	G INTERVALS	
				Natara							
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 Contractor's License No											
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 ar	na Environment, Bureau of W	vater, Geology Secti	on, 100	U SW Jacks	son St.	., Suite 420, T	opeka,	Kansas 66612-136	/. Telephon	e /85-296-3565.	