

WATER WELL R ☐ Original Record ☐		W W C-3	01 02			ion of Water	I		Well ID		
		e in Well Use Fraction				rces App. No		n Mumb		nga Numbar	
1 LOCATION OF WATER WELL: County:		1/4 1/4 1/4		1/4	Section Number			Township Number		r Range Number R □ E □ W	
2 WELL OWNER: La			· ·	Durol	Il Address where well is located (if unknown, distance and						
2 WELL OWNER: Last Name: First: Street or Rural Address where well direction from nearest town or intersection.											
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)				. 10.	Longitude:					
SECTION BOX:	2) ft. 3) ft., or 4) 🗆 I										
	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					No)	
	Pump test data: Well water was ft.										
W E	after hours pumping gp Well water was ft.					☐ Online Mapper:					
SW SE	after hours pumping gp										
	Estimated Yield:					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	7. Aquifer Recharge: well ID					☐ Cased ☐ Uncased ☐ Geotechnical					
☐ Livestock 2. ☐ Irrigation	8. Monitoring: well ID										
3. ☐ Feedlot	9. Environmental Remediation: Well ID ☐ Air Sparge ☐ Soil Vapor Extra				•••	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? \square Yes \square 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					ne (Open Ho		Г	C	c	
SCREEN-PERFORATED INTERVALS: From											
9 GROUT MATERIA Grout Intervals: From											
Nearest source of possible		11., 140111	1	ι. ιο		11., 110111 .			1		
Septic Tank	Lateral Line	es 🔲 Pit Pı	ivy		☐ Li	ivestock Pen	s [Insection	cide Storage	2	
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							IC DIFFERENCE C	
10 FROM TO	LITHOLOG	JIC LOG		FROM	1	TO I	LITHO. LOG	(cont.) oi	PLUGGIN	IG 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 I	Recor	rd was com	pleted on (m	o-day-y	ear)		
under the business name	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., ocology sect	, 10C	O D II Jack	الا 1100.	, Duite +20, I	opena, mansas	12-130	,,. rerephon	0 , 05 270-5505.	