

WATER	WELL	RECORD		·· ·· C-J	3305	Divis	sion of Wate	er				
Original Record Correction								ces App. No.		Well ID		
1 LOCATION OF WATER WELL:			L:	Fraction	Sect	Section Number Township Nu						
County: 1/4 1/4 2 WELL OWNER: Last Name: First:						P Dure	$\begin{array}{c c c c c c c c c c c c c c c c c c c $					
							lirection from nearest town or intersection): If at owner's address, check here:					
Address:					uncetion							
Address:												
City: 3 LOCAT												
WITH "				IPLETED WELL: ft.			5 Latitude:(decimal degrees)					
SECTIO		X • Depth(s) Groundwater Encountered: 1)					Longitude:(decimal degrees)					
Ν	N (1101 JOAL) 2) ft. 3) ft., or 4) \Box Dry W WELL'S STATIC WATER LEVEL: ft.						Datum: 🗌 WGS 84 🔲 NAD 83 🗌 NAD 27					
			below land surface, measured on (mo-day-yr)					Source for Latitude/Longitude:				
NW	NE		above land surface, measured on (mo-day-yr)						WAAS enabled?			
		-	Pump test data: Well water was ft.					□ Land Survey □ Topographic Map				
w X	E	after	after hours pumping					Online Mapper:				
SW	SE	after	Well water was ft. after hours pumping gpm									
			Estimated Yield:gpm					6 Elevation:ft. Ground Level TOC				
	S		Bore Hole Diameter: in. to ft. a				Source: Land Survey GPS Topographic Ma					
1 n			in. to				□ Other					
7 WELL WATER TO BE USED AS:												
1. Domestic: 5. □ Public Water Supply: well ID □ Household 6. □ Dewatering: how many wells? .												
			6. □ Dewatering: how many wells? 7. □ Aquifer Recharge: well ID									
	□ Lawn & Garden 7. □ Aquifer Recharge: we □ Livestock 8. □ Monitoring: well ID .								al: how many bores			
2. 🗌 Irrigati									Loop Horizonta			
					r Extractio	b) O	b) Open Loop 🗌 Surface Discharge 🔲 Inj. of Water					
4. \Box Industrial \Box Recovery \Box Injection13. \Box Other (specify):									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 JOINTS: Glued Clamped Welded Threaded												
Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft. 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 C	SCREEN OR PERFORATION OPENINGS ARE:											
	nuous Slot	☐ Mill Slot							Other (Specify)			
	red Shutter	Key Punch	led ∐W	vire Wrapped □ S	Saw Cut		one (Open H	lole)	ĉ E	<u> </u>	c	
				n ft. to n ft. to								
				Cement grout \Box E								
				ft., From								
		ole contaminatio		,			, -					
Septic '			ateral Line				livestock Pe		Insectic			
Sewer l			Cess Pool	□ Sewage L			fuel Storage		Abando			
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify)												
				Distance from					ft.			
10 FROM	ТО		ITHOLOG		FRC		ТО	LIT	HO. LOG (cont.) or	PLUGGIN	IG INTERVALS	
					_							
					Note	د.						
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) and this record is true to the best of my knowledge and belief.												
Kansas Water Well Contractor's License No												
under the business name of												
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.												
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212												