

WATER WELL R		orm WW	/ C- 3	242034		sion of Water		Wall ID	
Original Record Correction Change 1 LOCATION OF WATER WELL:			ge in Well Use Fraction		Resources App. No				
County:			Fraction		Section Number		T S	er Range Number R □ E □ W	
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:									
Address:									
Address: City: State: ZIP:									
City: 3 LOCATE WELL	Sta	te: ZI	P:						
WITH "X" IN	4 DEPTH OF COMPLETED WELL:					5 Latitud	e:	(decimal degrees)	
SECTION BOX:	Depth(s) Groundwater Encountered: 1)					Longitude:(decimal degrees)			
N		ft., or			Datum: WGS 84 NAD 83 NAD 27				
	WELL'S STATIC WATER LEVEL: ☐ below land surface, measured on (mo-day-yr).					Source for Latitude/Longitude: GPS (unit make/model:)			
NW NE	above land surface, measured on (mo-day-yr)					(WAAS enabled? Yes No)			
INW INE	Pump test data:				☐ Land Survey ☐ Topographic Map				
W E	after hours pumping gpm					Online Mapper:			
SW SE X	Well water was ft.								
	after hours pumping gpm Estimated Yield:gpm					6 Elevation :ft. ☐ Ground Level ☐ TOC			
S	Bore Hole Diameter: in. to ft				d	Source:			
mile	Bore Hore Blan	in. to ft.				Other			
7 WELL WATER TO BE USED AS:									
1. Domestic:	5. Public Water Supply: well ID					10. ☐ Oil Field Water Supply: lease			
☐ Household	6. ☐ Dewatering: how many wells?					11. Test Hole: well ID			
Lawn & Garden	7. Aquifer Recharge: well ID					☐ Cased ☐ Uncased ☐ Geotechnical			
☐ Livestock 2. ☐ Irrigation	8. Monitoring: well ID					12. Geothermal: how many bores?			
3. ☐ Feedlot	9. Environmental Remediation: well ID Air Sparge Soil Vapor Extra					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? Yes No									
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded									
Casing diameter in. to ft., Diameter ft., Diameter ft.									
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)									
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)									
SCREEN-PERFORATED INTERVALS: From									
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft.									
9 GROUT MATERIAL: Neat cement Dement grout Bentonite Other									
Grout Intervals: From									
Nearest source of possible contamination:									
☐ Septic Tank☐ Sewer Lines	☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage								
☐ Watertight Sewer Lin	☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well Interpretation ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well								
Other (Specify)						ordinaer Stora	ge <u> </u>	., 345 ., 511	
Direction from well?				n well?					
10 FROM TO	LIT	HOLOGIC	LOG	FR	OM	TO L	ITHO. LOG (cont.) or	PLUGGING INTERVALS	
				Not	06.				
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 Licens	e No	This	Water We	ell Reco	ord was comp	oleted 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.									