

	W W C-3	01021		ion of Water		W-11 ID			
Original Record Correction Chang 1 LOCATION OF WATER WELL:	ge in Well Use Fraction			on Number	Township Numb	Well ID	aa Numbaa		
County:	1/4 1/4	1/4 1/4	Secu	on Number	Township Numb	er Ran R	ige Number □ E □ W		
2 WELL OWNER: Last Name:	r Duro	ural Address where well is located (if unknown, distance and							
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:			•					
3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL: ft. 5 Latitude:									
WITH "A" IN Donth(s) Groundwater Engountered: 1)									
SECTION BOX:									
N WELL'S STATIC WA	WELL'S STATIC WATER LEVEL: ft.				Source for Latitude/Longitude:				
□ □ below land surface	below land surface, measured on (mo-day-yr)				(unit make/model:	·)		
	above land surface, measured on (mo-day-yr)				(
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map				
	after hours pumping				Online Mapper:				
l arr l ar - l l	Well water was ft. after hours pumping gpm								
anternoun	Estimated Yield:gpm				6 Elevation :ft. ☐ Ground Level ☐ TOC				
	Bore Hole Diameter:						pographic Map		
l	in. to								
7 WELL WATER TO BE USED AS:									
1. Domestic: 5. ☐ Public Water Supply: well ID									
☐ Household 6. ☐ Dewaterin	6. Dewatering: how many wells?								
	7. Aquifer Recharge: well ID								
	8. Monitoring: well ID								
	9. Environmental Remediation: well ID								
	☐ Air Sparge ☐ Soil Vapor Extraction 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 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 ft. to ft., From ft., From ft., From ft. to ft.									
9 GROUT MATERIAL: Neat cement Dement grout Bentonite Other									
Grout Intervals: From									
Nearest source of possible contamination:									
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage									
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well									
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well									
☐ Other (Specify)									
10 FROM TO LITHOLOG		FRO			THO. LOG (cont.) 01		CINTEDVALS		
TO FROM TO LITHOLOG	GIC LOG	FRO	IVI	10 L1	THO. LOG (cont.) of	FLUGGIN	JINTERVALS		
		Notes	2•	<u> </u>					
110165									
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.									

KSA 82a-1212 Visit us at http://www.kdheks.gov/waterwell/index.html