

WATER WELL R  ☐ Original Record ☐		VV VV C-3	20-1	1		on of Water			Well ID		
1 LOCATION OF W		e in Well Use Fraction				ces App. No		hin Numb		aga Numbar	
County:	1/4 1/4 1/4 1/4			Section Number			Township Number T S		Range Number R		
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 direction from nearest town or intersec											
Address:											
Address:											
City:	State:	ZIP:									
3 LOCATE WELL	4 DEPTH OF COM	PLETED WE	LL:		ft	5 Latitud	de:			(decimal degrees)	
WITH "X" IN	Depth(s) Groundwater Encountered: 1)					ft. 5 Latitude:					
SECTION BOX:	2) ft. 3) ft., or 4) 🗆 I				Bongroude(decimar degrees)						
11	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 gp										
	Estimated Yield:	ع	SPIII		6 Elevation:ft. ☐ Ground Level ☐ TOC						
S	Bore Hole Diameter:	. ft. and	and Source: Land Survey GPS Topograph								
mile		ft.	Other								
7 WELL WATER TO BE USED AS:											
1. Domestic:		ter Supply: well				10. 🔲 Oil	Field Water	Supply: lo	ease		
☐ Household	6. Dewatering: how many wells?										
Lawn & Garden	7. Aquifer Re										
Livestock	8. Monitoring: well ID					12. Geothermal: how many bores?					
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 Injection					13.  Other (specify):					
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:											
8 TYPE OF CASING USED:  Steel PVC Other											
Casing diameter											
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					
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft., From ft. to ft.											
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft. to ft.											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Intervals: From											
Septic Tank	E containmation:  ☐ Lateral Line	es 🔲 Pit Pr	ivv		⊓тi	vestock Pen	c	□ Insecti	cide Storage	<u>,</u>	
Sewer Lines	☐ Cess Pool	.s ☐ I R I I				iel Storage			oned Water		
☐ Watertight Sewer Lin						ertilizer Stor		_	ell/Gas Well		
☐ Other (Specify)											
Direction from well?			om we								
10 FROM TO	LITHOLOG	GIC LOG		FROM	[	TO I	LITHO. LO	3 (cont.) o	r PLUGGIN	IG INTERVALS	
				<b>N</b> 7 4							
Notes:											
11 CONTRACTORS	OD I ANDOWNED!	CEDTIFICAT	TION	 • This	otor -	voll was F	aonatmat-	d 🗆	anetmieta d	or Daluesed	
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 License No	Th	is Wat	er Well I	na ui Recor	d was com	nleted on (	mo-dav-v	ear)	ge and bellet.	
under the business name	e 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 a	nd Environment, Bureau of W	Vater, Geology Sect	ion, 100	00 SW Jack	son St.	., Suite 420, T	opeka, Kansa	s 66612-136	57. Telephon	e 785-296-3565.	