

WATER WELL R.  ☐ Original Record ☐		<b>vv vv C-3</b>	2200	L		on of Water			Well ID		
	<u> </u>	ge in Well Use Fraction				ces App. No		mahin Mumb		n an Mumban	
1 LOCATION OF WATER WELL: County:		1/4 1/4	1/4	Section Number			Township Number T S		Range Number R □ E □ W		
2 WELL OWNER: La	First:	1/4		Duro1	ral Address where well is located (if unknown, distance and						
Business:		nearest town or intersection): If at owner's address, check here:									
Address:	direction from neurost to will of interpretation, if at a will be address, effect from										
Address:											
City:	State:	ZIP:			-						
3 LOCATE WELL	4 DEPTH OF COM	PLETED WEI	I.:		ft	5 Latitud	de.			(decimal degrees)	
WITH "X" IN	Depth(s) Groundwater I		. ft. 5 Latitude:								
SECTION BOX:	2) ft. 3										
17	WELL'S STATIC WA	ft.	ft. Source for Latitude/Longitude:								
	below land surface, measured on (mo-day-yr					GPS (unit make/model:)					
NW   NE	above land surface,		• • • •	(WAAS enabled? ☐ Yes ☐ No)							
	Pump test data: Well w		☐ Land Survey ☐ Topographic Map								
W E	after hours Well w			☐ Online Mapper:							
SW   SE	after hours			6 Elevation:ft. Ground Level TOC							
	Estimated Yield:	P									
S	Bore Hole Diameter:	ft. and	and Source: Land Survey GPS Topograp								
mile	in. to ft.					☐ Other					
7 WELL WATER TO BE USED AS:											
1. Domestic:		ter Supply: well I									
Household	6. Dewaterin										
☐ Lawn & Garden ☐ Livestock	7. Aquifer Re										
2. Irrigation	8. Monitoring					w many bores					
3. ☐ Feedlot	9. Environmental Remediation: well ID  ☐ Air Sparge ☐ Soil Vapor Extr				••	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 in. to											
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:											
								(Specify)			
	☐ Key Punched ☐ W					ne (Open Ho		6 F	6		
SCREEN-PERFORATED INTERVALS: From											
<b>9 GROUT MATERIA</b> Grout Intervals: From										• • • • • • • • • • • • • • • • • • • •	
Nearest source of possible		It., FIOIII	11	. 10	• • • • • •	. 1t., F10III .		11. 10	It.		
Septic Tank	Lateral Line	es 🔲 Pit Pri	ivv	ſ	□Li	vestock Pen	S	☐ Insection	cide Storage	2	
☐ Sewer Lines	Cess Pool	☐ Sewag				el Storage			oned Water		
☐ Watertight Sewer Lin		☐ Feedy	ard	[	☐ Fe	rtilizer Stor	age	☐ Oil We	ll/Gas Well	:	
☐ Other (Specify)											
Direction from well?			m wel								
10 FROM TO	LITHOLOG	GIC LOG		FROM	_	TO I	LITHO. L	OG (cont.) of	PLUGGIN	IG INTERVALS	
					-						
					+					_	
					+						
					+						
				Notes:							
110005											
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	Thi	s Wat	er Well R	ecor	d was com	pleted or	n (mo-day-y	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.											
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