

WATER WELL R  ☐ Original Record ☐		VV VV C-3	0000			ion of Water	<b>I</b>		Well ID		
	<u> </u>	ge in Well Use Fraction				rces App. No on Number		n Numb		ga Numbar	
1 LOCATION OF WATER WELL: County:		1/4 1/4 1/4		1/4	Secu	on Number	,	Township Number		ige Number □ E □ W	
2 WELL OWNER: La	First:			Durol	1 Addross v			Gf unlin our			
2 WELL OWNER: Last Name: First: Street or Rural Address where well is log direction from nearest town or intersection): If a											
Address:	direction from nearest to will of intersection). If at owner is address, effect from										
Address:											
City:	State:	ZIP:				1					
3 LOCATE WELL	4 DEPTH OF COM	PLETED WE	LL:		ft	5 Latitu	de·			(decimal degrees)	
WITH "X" IN	Depth(s) Groundwater Encountered: 1)				. 10.	ft. 5 Latitude:					
SECTION BOX:	2) ft. 3) ft., or 4) 🗆 I										
11	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	below land surface, measured on (mo-day-yr					GPS (unit make/model:)					
NW   NE	□ above land surface, measured on (mo-day-yr) Pump test data: Well water was						(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map				
W E						☐ Online Mapper:					
SW SE											
	Estimated Yield:	SPIII		6 Elevation:ft. ☐ Ground Level ☐ TOC							
S	Bore Hole Diameter: in. to				and Source: Land Survey GPS Topographic l						
mile		ft.	☐ Other								
7 WELL WATER TO BE USED AS:											
1. Domestic:		ter Supply: well				10. 🔲 Oil	Field Water St	apply: le	ease		
Household	6. ☐ Dewatering: how many wells?										
Lawn & Garden	7. Aquifer Recharge: well ID						ed Uncas				
Livestock	8. Monitoring: well ID										
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		-	Attaction							
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 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:											
							☐ Other (Spe	cify)			
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)											
SCREEN-PERFORATED INTERVALS: From											
9 GROUT MATERIA										• • • • • • • • • • • • • • • • • • • •	
Grout Intervals: From  Nearest source of possible		π., From	I	τ. το		п., From .	п. 1		It.		
Septic Tank	E containmation:  ☐ Lateral Line	es 🔲 Pit Pi	ivv		□ I i	ivestock Pen	, г	l Insectio	cide Storage		
Sewer Lines	☐ Cess Pool	☐ Sewa				uel Storage			oned Water		
☐ Watertight Sewer Lin						ertilizer Stor		=	ll/Gas Well		
Direction from well?			om we								
10 FROM TO	LITHOLOG	GIC LOG		FROM	1	TO 1	LITHO. LOG (	cont.) or	PLUGGIN	G INTERVALS	
				Natara							
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 License No	Th	is Wat	er Well l	Recor	rd was com	pleted on (mo	o-day-v	ear)	55 4114 001101.	
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.											
KS Department of Health a	nd Environment, Bureau of W	Vater, Geology Sect	ion, 100	00 SW Jack	son St	., Suite 420, T	Topeka, Kansas 6	66612-136	7. Telephone	785-296-3565.	