

WATER WELL R ☐ Original Record ☐		VV VV C-3	1070	1		ion of Water			Well ID				
1 LOCATION OF W.	<u> </u>	ge in Well Use Fraction				rces App. No		in Numb		aga Numbar			
County:	1/4 1/4 1/4 1/4 1/4			Section Number			Township Number T S		Range Number R □ E □ W				
2 WELL OWNER: La	First:			Dural	Il Address where well is located (if unknown, distance and								
Business:													
Business: direction from nearest town or intersection): If at owner's address, check here:													
Address:													
City:	State:	ZIP:				1							
3 LOCATE WELL	4 DEPTH OF COM	PLETED WE	LL:		ft	5 Latitud	de·			(decimal degrees)			
WITH "X" IN	Depth(s) Groundwater Encountered: 1)					t. 5 Latitude:							
SECTION BOX:	2) ft. 3) ft., or 4) 🗆 I				Dry Well Datum: \square WGS 84 \square NAD 83 \square NAD 27								
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 ☐ Online Mapper:							
W E													
SW SE													
	Estimated Yield:		5P		6 Elevation:ft. ☐ Ground Level ☐ TOC								
S	Bore Hole Diameter: in. to				and Source: Land Survey GPS Topograp								
mile	1 mile in. to ft.							☐ Other					
7 WELL WATER TO BE USED AS:													
1. Domestic:		iter Supply: well											
Household	6. ☐ Dewatering: how many wells? 7. ☐ Aquifer Recharge: well ID												
☐ Lawn & Garden ☐ Livestock													
2. Irrigation	8. Monitoring: well ID					12. Geothermal: how many bores?							
3. ☐ Feedlot	9. Environmental Remediation: Well ID Air Sparge Soil Vapor Ext				•••	b) Open Loop Surface Discharge Inj. of Water							
4. ☐ Industrial													
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:													
☐ 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													
Grout Intervals: From													
Nearest source of possible		10., 1 10111				10., 1 10111							
☐ Septic Tank	☐ Lateral Line	es 🔲 Pit P	rivy		☐ Li	ivestock Pen	s [] Insection	cide Storage	:			
☐ Sewer Lines	Cess Pool	☐ Sewa				uel Storage			oned Water				
☐ Watertight Sewer Lin					☐ Fe	ertilizer Stor	age [☐ Oil We	ll/Gas Well				
☐ Other (Specify)													
10 FROM TO	LITHOLOG		om we	FROM						G INTERVALS			
10 FROM TO	LITHOLOG	SIC LOG		FROM	1	10 1	LITHO. LOG	(cont.) of	FLUGGIN	GINTERVALS			
					+								
					_								
				Notes:									
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was \square constructed, \square reconstructed, or \square 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	Recor	rd was com	pleted on (m	ıo-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.										