

| WATER WELL R ☐ Original Record ☐ | | vv vv C-3 | 0000 | 1 | | on of Water | l l | | Well ID | | | |
|--|--|----------------------------|--|----------------------------------|-------------|---|-----------------|---------------|----------------|---|--|--|
| 1 LOCATION OF W | <u> </u> | ge in Well Use Fraction | | | | ces App. No | | hin Numb | | nga Numbar | | |
| County: | 1/4 1/4 1/4 1/4 | | | Section Number | | | Township Number | | Range Number R | | | |
| 2 WELL OWNER: La | | | | Duro1 | L Addross v | | | | | | | |
| 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: | | | ı | | | | | | | |
| 3 LOCATE WELL | 4 DEPTH OF COM | PLETED WEI | I.: | | ft | 5 Latitud | de· | | | (decimal degrees) | | |
| WITH "X" IN | Depth(s) Groundwater I | | . 10. | ft. 5 Latitude: | | | | | | | | |
| SECTION BOX: | 2) ft. 3 | | Dry Well Datum: \(\Pi \) WGS 84 \(\Pi \) NAD 83 \(\Pi \) NAD 27 | | | | | | | | | |
| 11 | WELL'S STATIC WA | ft. | ft. Source for Latitude/Longitude: | | | | | | | | | |
| | ☐ below land surface, | | | GPS (unit make/model:) | | | | | | | | |
| NW NE | above land surface, | | ☐ Land Survey ☐ Topographic Map | | | | | No) | | | | |
| X F | Pump test data: Well w | | | | | | | | | | | |
| 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 Topograph | | | | | | | | | |
| 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 | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| 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 | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | | | |
| Nearest source of possible | | 10., 1 10111 | | | ••••• | | | | | | | |
| ☐ Septic Tank | □ Lateral Line | es 🔲 Pit Pri | ivy | | ☐ Li | vestock Pen | S | ☐ Insection | cide Storage | e | | |
| ☐ Sewer Lines | ☐ Cess Pool | ☐ Sewag | | | | iel Storage | | | oned Water | | | |
| ☐ Watertight Sewer Lin | | | | | ☐ Fe | ertilizer Stor | age | ☐ Oil We | ell/Gas Well | | | |
| ☐ Other (Specify) | | | | | | | | | | | | |
| 10 FROM TO | LITHOLOG | | om wei | FROM | | | | | | IG INTERVALS | | |
| 10 FROM TO | LITHOLOG | SIC LOG | | FROM | | 10 1 | LITHO. LO | J (COIII.) OI | rLuddir | UINTERVALS | | |
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| | | | | Notes: | <u>l</u> | | | | | | | |
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| 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 | Thi | s Wat | er Well F | Recor | d was com | pleted on (| 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. | | | | | | | | | | | |