

WATER WELL R ☐ Original Record ☐		vv vv C-3	2230			on of Water			Well ID			
1 LOCATION OF W.	<u> </u>	ge in Well Use Fraction				ces App. No		ahin Mumb		naa Numban		
County:	1/4 1/4 1/4 1/4			Section Number			Township Number		Range Number R □ E □ W			
2 WELL OWNER: La) 11mal	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:										
3 LOCATE WELL	4 DEPTH OF COM	PLETED WEI	I.:		ft	5 Latitud	de.			(decimal degrees)		
WITH "X" IN	Depth(s) Groundwater I			t. 5 Latitude:								
SECTION BOX:	2) ft. 3		Dry Well Datum: \(\superscript{WGS 84}\) \(\superscript{NAD 83}\) \(\superscript{NAD 27}\)									
17	WELL'S STATIC WA	ft.	ft. Source for Latitude/Longitude:									
	☐ below land surface,			☐ GPS (unit make/model:) (WAAS enabled? ☐ Yes ☐ No)								
NW NE	above land surface,		••••									
	Pump test data: Well w		☐ Land Survey ☐ Topographic Map									
W E	after hours Well w			☐ Online Mapper:								
SW SE	after hours											
	Estimated Yield:	8	P		6 Elevation:ft. Ground Level TOC							
S	Bore Hole Diameter: in. to f				and Source: Land Survey GPS Topograp							
mile	1 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 8. ☐ Monitoring											
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	* -						13. Other (specify):					
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)												
SCREEN-PERFORATE								From	ft. to	o ft		
				,				,				
GRAVEL PACK INTERVALS: From												
Grout Intervals: From												
Nearest source of possible		,				,						
☐ Septic Tank	□ Lateral Line				☐ Li	vestock Pen	S		cide Storage			
☐ Sewer Lines	Cess Pool	☐ Sewag				iel Storage			oned Water			
	☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well											
☐ Other (Specify)												
10 FROM TO	LITHOLOG		m wei	FROM						IG INTERVALS		
TO TROW TO	LITHOLOG	SIC LOG		TROM	+	10 1	LITIIO. LC	o (cont.) or	LUUUII	O INTERVALS		
					+							
				Notes:	L							
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 R	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.											