

WATER WELL R ☐ Original Record ☐		W W C-3	0040	Ι.		on of Water	l l		Well ID		
		e in Well Use Fraction				ces App. No		hin Mussh		a a Mumban	
1 LOCATION OF WATER WELL: County:		1/4 1/4 1/4		1/4	Section Number			Township Number		Range Number R □ E □ W	
2 WELL OWNER: La						Il Address where well is located (if unknown, distance and					
Business:											
Address:	anceton from nearest to will of intersection). If at 5 will is accurately, energy intersection										
Address:											
City:	State:	ZIP:									
3 LOCATE WELL	4 DEPTH OF COM	IPLETED WEI	L:		ft	5 Latitu	de.			(decimal degrees)	
WITH "X" IN	Depth(s) Groundwater Encountered: 1)					ft. 5 Latitude:					
SECTION BOX:	2) ft. 3) ft., or 4) 🗆 1				Bongroude(decimar degrees)						
	WELL'S STATIC WATER LEVEL:				ft. Source for Latitude/Longitude:						
	□ below land surface, measured on (mo-day-yr above land surface, measured on (mo-day-yr					☐ GPS (unit make/model:) (WAAS enabled? ☐ Yes ☐ No)					
NW NE					• • • •						
	Pump test data: Well w		☐ Land Survey ☐ Topographic Map								
W E	after hours			Online Mapper:							
SW X- SE		vater was ft. s pumping gpmgpm									
	Estimated Yield:					6 Elevat	ion:	on:ft. ☐ Ground Level ☐ TOC ☐ Land Survey ☐ GPS ☐ Topographic Map			
S				ft. and		Source:					
mile	in. to ft.					☐ Other					
7 WELL WATER TO BE USED AS:											
1. Domestic:		ter Supply: well I									
Household	6. Dewaterin										
Lawn & Garden	7. Aquifer Re				ed 🔲 Und						
Livestock	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	Recovery Injection					13. Other (specify):					
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:											
						led Holes		pecify)			
	☐ Key Punched ☐ W					ne (Open Ho					
SCREEN-PERFORATED INTERVALS: From											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Nearest source of possible		II., From	II	. to	• • • • • • •	. II., From .	1	τ. το	II.		
Septic Tank	□ Lateral Line	s 🔲 Pit Pr	ivv		Πī	vestock Pen	S	□ Insecti	cide Storage	•	
Sewer Lines	☐ Cess Pool	☐ Sewag				iel Storage	3		oned Water		
☐ Watertight Sewer Lin						ertilizer Stor	age		ell/Gas Well		
Other (Specify)											
Direction from well?			om wel								
10 FROM TO	LITHOLOG	GIC LOG		FROM		TO 1	LITHO. LO	G (cont.) or	r PLUGGIN	G INTERVALS	
					_						
					_						
					_						
				Nadage							
Notes:											
11 CONTRACTOR'S	OR LANDOWNED'S	CERTIFICAT	rion.	This we	iter 11	vell was F	constructo	ad \Box reco	netructed	or nlugged	
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	Recor	d was com	pleted on (mo-dav-v	ear)		
under the business name	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 ar	nd Environment, Bureau of W	vater, Geology Secti	on, 100	U SW Jacks	son St.	., Suite 420, T	opeka, Kansa	ıs 66612-136)/. Telephon	e /85-296-3565.	