

WATER WELL RI		W W C-3			ion of Water		W 11 ID		
		e in Well Use		Resources App. No.		T 1: N 1	Well ID	NY 1	
1 LOCATION OF WATER WELL:		Fraction 1/4 1/4 1/4 1/4		Section Number		Township Numb		ge Number	
County: 2 WELL OWNER: Last Name:						T S R E W 1 Address where well is located (if unknown, distance and			
Business:	First:				·				
Address:	direction from nearest town or intersection): If at owner's address, check here:							check here.	
Address:									
City:	State:	ZIP:			1				
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:				ft.	ft. 5 Latitude :(decimal degrees)				
WITH "X" IN SECTION BOX:					ft. Longitude:(decimal degrees)				
	N 2) ft. 3) ft., or 4) \square					□ WGS 84 □ NAI			
	WELL'S STATIC WATER LEVEL:					or Latitude/Longitude			
	below land surface, measured on (mo-day-yr above land surface, measured on (mo-day-yr					(unit make/model:			
NW NE X	Pump test data: Well w		· — /			lo)			
$ \mathbf{w} $	after hours			☐ Land Survey ☐ Topographic Map ☐ Online Mapper:					
	Well w								
SW SE	after hours	gpm		6 Florestions 6 G Committee of TOC					
	Estimated Yield:gpm				6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map				
S 1 mile	Bore Hole Diameter: in. to				Source:				
1 mile in. to ft. Uther									
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID									
☐ Household 6. ☐ Dewatering: how many wells?									
☐ Lawn & Garden									
☐ Livestock	8. Monitoring			12. Geothermal: how many bores?					
2. Irrigation					a) Closed Loop _ Horizontal Uertical				
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ext					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?									
8 TYPE OF CASING USED: Steel PVC Other									
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:									
☐ 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 ft., From ft., From ft., From ft.									
GRAVEL PACK INTERVALS: From									
Grout Intervals: From									
Nearest source of possible									
Septic Tank	Lateral Line				ivestock Pens		cide Storage		
Sewer Lines	Cess Pool	☐ Sewage La			uel Storage		oned Water	Well	
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well									
☐ Other (Specify)									
10 FROM TO	LITHOLOG		FROM			THO. LOG (cont.) or		G INTERVALS	
			NT - 4						
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 Cont	tractor's License No	This W	ater Well	Recor	rd was comp	leted on (mo-day-y	ear)		
under the business name	of	TELL OWNER 1		· · · · · · · ·			11		
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.									