

WATER WELL R ☐ Original Record ☐		W W C-3	0010	1		on of Water	ı		Well ID		
	<u> </u>	e in Well Use Fraction				rces App. No		hin Numb		aga Numbar	
1 LOCATION OF WATER WELL:		1/4 1/4	1/4	Section Number			Township Number		Range Number R		
County: 2 WELL OWNER: La		1/4	-	Duro1	Il Address where well is located (if unknown, distance and						
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unk Business: direction from nearest town or intersection): If at owner's add											
Address:											
Address:											
City:	State:	ZIP:				T					
3 LOCATE WELL	4 DEPTH OF COM	IPLETED WE	LL:		ft	5 Latitud	de.			(decimal degrees)	
WITH "X" IN	Depth(s) Groundwater Encountered: 1)				ft. 5 Latitude:						
SECTION BOX:	2) ft. 3) ft., or 4) 🗆 I				Dry Well Datum: \(\sqrt{WGS 84} \sqrt{NAD 83} \sqrt{NAD 27}						
	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)				☐ Land Survey ☐ Topographic Map					√o)	
	Pump test data: Well water wasft. afterhours pumpinggp										
W E				☐ Online Mapper:							
X SW SE	Well water was ft. after hours pumping gp										
	Estimated Yield:	ع	,pm		6 Elevation:ft. ☐ Ground Level ☐ TOC						
S	Bore Hole Diameter:	. ft. and	. and Source: Land Survey GPS Topograph								
mile		. ft.	☐ Other								
7 WELL WATER TO BE USED AS:											
1. Domestic:		ter Supply: well				10. 🔲 Oil	Field Water	Supply: 16	ease		
Household	6. Dewatering: how many wells?										
Lawn & Garden	7. Aquifer Re						Geotechnica				
Livestock	8. Monitoring: well ID										
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? ☐ 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:											
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)											
	☐ 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		It., From	I	ι. το		π., From		π. το	II.		
Septic Tank	□ Lateral Line	s 🔲 Pit Pi	ivv		ПТі	vestock Pen	S	□ Insecti	cide Storage	۵.	
Sewer Lines	☐ Cess Pool	☐ Sewa				uel Storage	3		oned Water		
☐ Watertight Sewer Lin						ertilizer Stor	age		ll/Gas Well		
Other (Specify)											
Direction from well?			om we								
10 FROM TO	LITHOLOG	GIC LOG		FROM	[TO I	LITHO. LO	G (cont.) or	PLUGGIN	IG INTERVALS	
				NT 4							
Notes:											
				1							
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	Th	is Wat	er Well F	Recor	rd 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 Sect	10n, 100	U SW Jacks	son St.	., Suite 420, T	opeka, Kans	as 66612-136	/. Telephon	e /85-296-3565.	