

WATER WELL R		VV VV C-3		vision of Water		WILL		
Original Record	<u> </u>	e in Well Use Fraction		sources App. No. ection Number	Township Number	Well ID Bong	- Number	
1 LOCATION OF WATER WELL: County:		1/4 1/4 1/4 1/4		ection Number	T S	er Rang	Range Number R □ E □ W	
2 WELL OWNER: La	First:		ural Addrage wi	Il Address where well is located (if unknown, distance and				
Business: Street of Rufal Address where well is located (if diknown, distance and direction from nearest town or intersection): If at owner's address, check here:								
Address:								
Address:								
City:	State:	ZIP:		1				
3 LOCATE WELL	WITH "Y" IN 4 DEPTH OF COMPLETED WELL:				5 Latitude:(decimal degrees)			
SECTION BOX:	Depth(s) Groundwater Encountered: 1)				Longitude:(decimal degrees)			
N	2) ft.			□ WGS 84 □ NAI		AD 27		
	WELL'S STATIC WA ☐ below land surface			Source for Latitude/Longitude: GPS (unit make/model:)				
NIW NIE X	above land surface			(WAAS enabled? Yes No)				
NW NE X	Pump test data: Well w			☐ Land Survey ☐ Topographic Map				
W E	after hours			Online Mapper:				
SW SE	Well v							
	after hours Estimated Yield:	gpm	6 Elevation	6 Elevation :ft. ☐ Ground Level ☐ TOC				
S	Bore Hole Diameter:	ft. and		Source:				
mile		ft.	Other					
7 WELL WATER TO BE USED AS:								
1. Domestic: 5. ☐ Public Water Supply: well ID								
Household	6. Dewatering: how many wells?				11. Test Hole: well ID			
☐ Lawn & Garden ☐ Livestock	7. ☐ Aquifer Recharge: well ID 8. ☐ Monitoring: well ID				☐ Cased ☐ Uncased ☐ Geotechnical 12. Geothermal: how many bores?			
2. ☐ Irrigation	9. Environmental Remediation: well ID				a) Closed Loop Horizontal Vertical			
3. ☐ Feedlot				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 JOINTS: Glued Clamped Welded Threaded								
Casing diameter								
Casing height above land surface								
TYPE OF SCREEN OR PERFORATION MATERIAL: □ Steel □ Stainless Steel □ 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								
Grout Intervals: From								
Septic Tank								
☐ Sewer Lines	Cess Pool	☐ Sewage L		Fuel Storage	☐ Abando	oned Water W	'ell	
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Other (Specify)								
					£,			
Direction from well? 10 FROM TO	LITHOLO		FROM		THO. LOG (cont.) or		INTERVALS	
TO TROM TO	LITHOLO	JIC LOG	TROM	10 E	TITIO. LOG (cont.) of	TECCOTIVO	INTERVALS	
Notes:								
11 CONTRACTIONS OF LANDOWNERING CERTIFICATION TO THE CONTRACTION TO TH								
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 Contractor's License No								
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.								
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