

WATER WELL RI		W W C-3			ion of Water				
		e in Well Use			rces App. No.	TD 1: NT 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:				n or intersection): If at owner's address, check here:				
Address:			direction i	rom nea	arest town or int	ersection). If at owne	i s address, (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:	Depth(s) Groundwater l		ft. Longitude:(decimal degrees)						
N SECTION BOX:	2) ft. 3) ft., or 4) 🔲					□ WGS 84 □ NA			
	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	Pump test data: Well w		/				lo)		
w	after hours			☐ Land Survey ☐ Topographic Map ☐ Online Mapper:					
	Well w								
SW SX	after hours	. gpm		6 Florestion: ft Crownd Level CTOC					
	Estimated Yield:gpm				6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map				
S 1 mile	Bore Hole Diameter: in. to				Other				
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	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?									
8 TYPE OF CASING USED: Steel PVC Other									
Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No									
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-PERFORATED INTERVALS: From ft. to ft., From ft., From ft. to 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	agoon		uel Storage		oned Water	Well	
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Oil Well/Gas Well									
Direction from well?		Distance from w	 vell?			ft			
10 FROM TO	LITHOLOG		FROM			THO. LOG (cont.) or		G INTERVALS	
			Notes						
Titles.									
11 CONTRACTOR'S	OR LANDOWNER'S	S CERTIFICATIO	N: This w	vater v	well was \square	constructed, \square reco	onstructed.	or plugged	
under my jurisdiction and was completed on (mo-day-year)									
Kansas Water Well Cont	ractor's License No	This W	ater Well	Reco	rd was comp	leted on (mo-day-y	ear)		
under the business name of									
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.									