

WATER WELL R  ☐ Original Record ☐		VV VV C-3	0000			ion of Water	<b>I</b>		ell ID			
		e in Well Use				rces App. No on Number				ga Numbar		
1 LOCATION OF WATER WELL: County:		Fraction		1/4	secu	on Number	Township Nu	S	R	ge Number □ E □ W		
2 WELL OWNER: La				Dural	1 Addross v	=						
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:												
Address:	direction from nearest to will of intersection). If at 5 which is decired, effects interest											
Address:												
City:	State:	ZIP:				1						
3 LOCATE WELL	4 DEPTH OF COM	PLETED 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) 🗆 1				Dry Well Datum: \(\sigma\) WGS 84 \(\sigma\) NAD 83 \(\sigma\) NAD 27							
11	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					lo)		
	Pump test data: Well water was											
E E	after hours pumping gp Well water was ft.					☐ Online Mapper:						
SW SE	afterhours pumpinggp Estimated Yield:gpm					6 Elevation:ft. Ground Level TOC						
S	Bore Hole Diameter: in. to f				and Source: Land Survey GPS Topographi							
mile		in. to ft.					☐ Other					
7 WELL WATER TO BE USED AS:												
1. Domestic:		ter Supply: well					Field Water Supply					
Household	6. Dewatering: how many wells?											
☐ Lawn & Garden ☐ Livestock	7. Aquifer Recharge: well ID						ed Uncased					
2. Irrigation	8. Monitoring: well ID											
3. ☐ Feedlot	9. Environmental Remediation: well ID  ☐ Air Sparge ☐ Soil Vapor Extra ☐ Soil Vapor ☐ Soil ☐ Soil Vapor ☐ Soil ☐				•••	a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water						
4. ☐ Industrial	☐ Recovery		_				er (specify):					
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:												
Water well disinfected? $\square$ Yes $\square$ No												
8 TYPE OF CASING USED:  Steel PVC Other												
Casing diameter												
Casing height above land surface												
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:												
							Other (Specify)					
	☐ Key Punched ☐ W					ne (Open Ho			c			
SCREEN-PERFORATED INTERVALS: From												
<b>9 GROUT MATERIA</b> Grout Intervals: From										• • • • • • • • • • • • • • • • • • • •		
Nearest source of possible		It., FIOIII	1	ι. ιο		It., FIOIII	11. 10		11.			
Septic Tank	Lateral Line	es 🔲 Pit P	rivv		□Li	ivestock Pen	s □ Inse	cticide	Storage			
☐ Sewer Lines	Cess Pool	☐ Sewa				uel Storage			Water V			
☐ Watertight Sewer Lin		☐ Feed	yard		☐ Fe	ertilizer Stor	age 🗌 Oil	Well/Ga	as Well			
Other (Specify)												
Direction from well?			om we									
10 FROM TO	LITHOLOG	FIC LOG		FROM	l	TO I	LITHO. LOG (cont	) or PLU	JGGING	GINTERVALS		
					-					_		
					-							
					-							
				Notes:								
110005												
				†								
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 I	Recor	rd was com	pleted on (mo-da)	y-year)				
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.												
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