

WATER WELL R ☐ Original Record ☐		W W C-3	0000			ion of Water	I		Well ID	
1 LOCATION OF WA		e in Well Use Fraction				rces App. No		a Niverala		an Numban
County:	1/4 1/4 1/4 1/4 1/4			Section Number		,	Township Number T S		Range Number R □ E □ W	
2 WELL OWNER: La				Durol	1 Addross v					
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distan direction from nearest town or intersection): If at owner's address, check										
Address:										
Address:										
City:	State:	ZIP:				1				
3 LOCATE WELL	4 DEPTH OF COM	IPLETED WE	Ц:		. 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									
	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 was ft.									
W E	after hours pumping gp Well water was ft.					☐ Online Mapper:				
SW SE	after hours pumping gp									
	Estimated Yield:gpm					6 Elevation:ft. ☐ Ground Level ☐ TOC				
S	Bore Hole Diameter: in. to				and Source: Land Survey GPS Topographic					
mile		. ft.		Other						
7 WELL WATER TO BE USED AS:										
1. Domestic:		ter Supply: well l								
Household	6. Dewatering: how many wells?									
Lawn & Garden	7. Aquifer Recharge: well ID					☐ Cased ☐ Uncased ☐ Geotechnical				
☐ Livestock 2. ☐ Irrigation	8. Monitoring: well ID					12. Geothermal: how many bores?				
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							er (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 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:										
☐ 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										
Nearest source of possible		It., FIOIII	1	ι. ιο		It., FIOIII .		.0	It.	
Septic Tank	Lateral Line	es 🔲 Pit Pr	ivv		□Li	ivestock Pen	s Γ	Insectio	cide Storage	
☐ Sewer Lines	Cess Pool	☐ Sewa				uel Storage			oned Water	
☐ Watertight Sewer Lin		☐ Feedy	yard		☐ Fe	ertilizer Stor	age 🗆	Oil We	ll/Gas Well	
☐ Other (Specify)										
			om we							
10 FROM TO	LITHOLOG	FIC LOG		FROM	1	TO I	LITHO. LOG (cont.) or	PLUGGIN	G INTERVALS
					_					
					_					
					_					
				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	Thi	is Wat	er Well I	Recor	rd was com	pleted on (mo	o-day-ye	ear)	
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.										
Les Department of Health at	Liiviioiiiiciii, Duicau 01 V	, a.c., Ocology Secti	, 10C	O D W Jack	JUII JL	, Duite +20, I	opena, mansas C	.0012-130	rerephone	, , oo 2,0-0000.