KOLAR Document ID: 1516999

				vision of Water		W 11 ID			
<u> </u>		ge in Well Use		sources App. N		Well ID	N. 1		
1 LOCATION OF W	ATER WELL:	Fraction		ection Number			nge Number		
County:	1/4 1/4 1/4		1 A 1.1	T S	R	□ E □ W			
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:									
Business: direction from nearest town or intersection): If at owner's address, check here:									
Address:									
City:	State:	ZIP:							
3 LOCATE WELL	4 DEPTH OF COMPLETED WELL:			ft. 5 Latitude :(decimal degrees)					
WITH "X" IN		Depth(s) Groundwater Encountered: 1) ft.							
SECTION BOX:	2) ft. 3) ft., or 4) \square Dry We			Longitude:					
N	WELL'S STATIC WATER LEVEL: ft.				for Latitude/Longitude		IAD 21		
		, measured on (mo-day-			·· GPS (unit make/model:)				
NW NE	above land surface, measured on (mo-day-yr)			· (WAAS enabled? \(\subseteq \text{Yes} \(\supseteq \text{No} \)					
	Pump test data: Well water was ft.			☐ La	☐ Land Survey ☐ Topographic Map				
W E		s pumping		☐ Or	Online Mapper:				
SW SE	Well water was ft.								
	after hours pumping gpm Estimated Yield:gpm			6 Elevation:ft. ☐ Ground Level ☐ TOC					
S	Bore Hole Diameter: in. to ft. and				Source: Land Survey GPS Topographic Map				
mile	in. to ft.				Other				
7 WELL WATER TO BE USED AS:									
1. Domestic:		ater Supply: well ID		10. □ Oil	Field Water Supply: 1	ease			
☐ Household		ig: how many wells?			11. Test Hole: well ID				
Lawn & Garden	7. Aquifer Recharge: well ID				☐ Cased ☐ Uncased ☐ Geotechnical				
☐ Livestock		g: well ID			12. Geothermal: how many bores?				
2. Irrigation		al Remediation: well ID			a) Closed Loop				
3. ☐ Feedlot	☐ Air Sparge	_		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 diameter									
Casing height above land surface									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify)									
☐ Brass ☐ Galvanized Steel ☐ 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 ft. to ft., From ft., From ft. to ft.									
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft. to ft.									
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other									
Grout Intervals: From									
	le contamination: No	potential source of con							
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage									
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well									
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well									
☐ Other (Specify) Direction from well? ft.									
10 FROM TO	LITHOLOG		FROM		LITHO. LOG (cont.) or		GINTERVALS		
TO TROW TO	LITHOLOG	oic Lou	TROM	10	LITTIO. LOG (cont.) o.	LUGGIN	O IIVIER VALS		
				+ +					
				+ +					
			Notes:	<u> </u>					
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)									
under my jurisdiction and was completed on (mo-day-year)									
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.									
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212									
we seep // it it it it. Kull						- L.			