KOLAR Document ID: 1460312

WATER		Division of Water										
			ge in Well Use			ources App. loction Number		T 1.1. N		Well ID	N1	
1 LOCATION OF WATER WELL: County:			Fraction	1/4 1/4 1/4 1/4			er	Township Number T S		Range Number R □ E □ W		
•		First:			ıral Addrace	who						
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:	Address:											
Address:												
City:		State:	ZIP:			ı						
3 LOCATI		L:	f	ft. 5 Latitude:(decimal degrees)								
	WITH "X" IN			Encountered: 1) ft.			Longitude:(decimal degrees)					
SECTION BOX: 2) ft. 3			3) ft., or 4) 🗌 Dry Well				Datum: WGS 84 NAD 83 NAD 27					
WELL'S STATIC			TER LEVEL:		Source for Latitude/Longitude:							
	1	below land surface,			Grade management of the control of t							
			, measured on (mo-day-yr)				(WAAS enabled? ☐ Yes ☐ No)					
Pump test data: Well w			s pumping gpm				☐ Land Survey ☐ Topographic Map					
			vater was ft.				Online Mapper:					
			s pumping gpm									
Estimated Yield:			gpm			6 Elevation:ft. Ground Level TOC						
S Bore Hole Diamete			in. to ft. and			Source: Land Survey GPS Topographic Map						
1 m			in. to		Other							
7 WELL WATER TO BE USED AS:												
1. Domestic:			ter Supply: well II									
			g: how many wells?				11. Test Hole: well ID					
			echarge: well ID g: well ID			☐ Cased ☐ Uncased ☐ Geotechnical						
				al Remediation: well ID			12. Geothermal: how many bores?					
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? \square Yes \square No												
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded												
Casing diameter in. to												
Casing height above land surface in. Weight												
TYPE OF SCREEN OR PERFORATION MATERIAL:												
☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify)												
☐ Brass												
		ATION OPENINGS AI										
_								Other (Specify	y)			
		☐ Key Punched ☐ W				None (Open I				6	C.	
		ED INTERVALS: From								ft. to		
		CK INTERVALS: From										
		L: Neat cement									• • • • • • • • • • • • • • • • • • • •	
		e contamination: No					1	It. to .	• • • • • • • • • • • • • • • • • • • •	II.		
Septic 7		Lateral Line				Livestock Po	ens	□ Ir	secticide	Storage		
Sewer I		Cess Pool	☐ Sewage			Fuel Storage			bandone		Well	
	ght Sewer Lin	<u> </u>				Fertilizer St			il Well/G	as Well		
Other (Specify)												
10 FROM	TO	LITHOLOG	GIC LOG		FROM	TO	LIT	HO. LOG (co	nt.) or PL	UGGIN	G INTERVALS	
ļ												
					NT 4		<u> </u>					
]	Notes:							
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.												
			Vater, Geology Sectio	n, 1000 S	SW Jackson	n St., Suite 420	, Tope	ka, Kansas 666	12-1367.			
Visit us at ht	ttp://www.kdhel	ks.gov/waterwell/index.html								KS	SA 82a-1212	