KOLAR Document ID: 1603008

WAIER	Division of Water												
			e in Well Use			irces App. N		r1.1)		Well ID	N1		
1 LOCATION OF WATER WELL: County:			Fraction	/ ₄ 1/ ₄	Secti	ion Numbe	er	Township Number		Range Number R			
•		N	First:	-	r Durc	1 Addross	whore						
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	iioiii iic	carest town of	micrsc	ction). If at	OWIICI S	address, c	nicek nere.		
Address:													
City:		State:	ZIP:										
	3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:						. ft. 5 Latitude:(decimal degrees)						
WITH "			Encountered: 1) ft.			Longitude:							
SECTION BOX: Deput(s) Groundwater 1 2)			3) ft., or 4) ☐ Dry Well			Datum: WGS 84 NAD 83 NAD 27							
WELL'S STATIC W			ATER LEVEL: ft.			Source for Latitude/Longitude:							
'	l	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							
Well w			vater was ft.			Online Mapper:							
SW SE after hours			pumpinggpm										
Estimated Yield:						6 Elevation:ft. Ground Level TOC							
			in. to ft. and			Source:							
1 n			in. to	ft.			ПС	otner		• • • • • • • • • • • • • • • • • • • •			
		BE USED AS:											
1. Domestic:			ter Supply: well ID										
			g: how many wells?echarge: well ID			11. Test Hole: well ID							
			g: well ID			12. Geothermal: how many bores?							
			al Remediation: well ID			a) Closed Loop Horizontal Vertical							
	3. ☐ Feedlot ☐ Air Sparge						b) Open Loop Surface Discharge Inj. of Water						
4. 🗌 Industr	ial	☐ Recovery	☐ Injection		13. Other (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 in. to													
Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No													
TYPE OF SCREEN OR PERFORATION MATERIAL:													
☐ Steel	_	iless Steel	□PVC				ner (Sp	ecify)					
Brass		anized Steel		used (oper	n hole)								
SCREEN OR PERFORATION OPENINGS ARE: ☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)													
		☐ Mill Slot ☐ Ga ☐ Key Punched ☐ W				med Holes one (Open H		mer (Specii	у)	• • • • • • • • • • • • • • • • • • • •			
		ED INTERVALS: From						ft Fro	nm	ft. to	ft		
		CK INTERVALS: From											
		L: Neat cement											
		ft. to											
		e contamination: No											
☐ Septic '		□ Lateral Line	s 🔲 Pit Privy		\Box L	ivestock Per		☐ I	nsecticid	e Storage			
Sewer l		Cess Pool	☐ Sewage L					_		ed Water V	Well		
	ight Sewer Lin		☐ Feedyard		☐ F	Fertilizer Sto	rage		Oil Well/	Gas Well			
									£.				
10 FROM	TO	LITHOLOG		FRO						LUGGIN	G INTERVALS		
10 1 10101	10	LITHOLOG	JIC LOG	TRO	IVI	10	L/1111	.O. LOG (CO	111.) 01 1	LUGGIIV	SINTERVALS		
				1	-+								
					-								
					+								
					+								
					+								
				Notes	s:	I							
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 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 Departn	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.												
		ks.gov/waterwell/index.html	· · · · · · · · · · · · · · · · · · ·			,	•				SA 82a-1212		