KOLAR Document ID: 1583139

				vision of Water		W 11 ID		
<u> </u>		ge in Well Use		sources App. No		Well ID	N. 1	
1 LOCATION OF W	ATER WELL:	Fraction		ection Number			nge Number	
County:		1/4 1/4 1/4	1/4	1 4 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								
Business: Address:  direction from nearest town or intersection): If at owner's address, check here:								
Address:								
City:	State:	ZIP:						
3 LOCATE WELL				_				
WITH "X" IN	IN 4 DEPTH OF COMPLETED WELL:			,				
SECTION BOX:	Depth(s) Groundwater Encountered: 1) ft.			Longitude:(decimal degrees)				
N	2) ft. 3) ft., or 4) ☐ Dry We WELL'S STATIC WATER LEVEL: ft.			Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27				
			Source for Latitude/Longitude:					
'   '	below land surface, measured on (mo-day-yr)			(,				
NW NE	above land surface, measured on (mo-day-yr)				( 1			
	Pump test data: Well water was ft. after hours pumping gpm			☐ Land Survey ☐ Topographic Map				
W E		vater was f		☐ ☐ On	☐ Online Mapper:			
SW   SE	after hours pumping							
	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			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								
☐ Livestock	8. Monitorin		12. Geothermal: how many bores?					
2. ☐ Irrigation	9. Environmenta		a) Closed Loop					
3. ☐ Feedlot	☐ Air Sparge ☐ Soil Vapor Extraction				b) Open Loop Surface Discharge Inj. of Water			
4. ☐ Industrial	☐ Recovery	☐ Injection		13. 🔲 Oth	ner (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								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
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)								
□ Continuous Stot □ Min Stot □ Gauze Wrapped □ Totch Cut □ Diffied Holes □ Other (Specify)								
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft., From ft. to ft.								
GRAVEL PACK INTERVALS: From								
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other								
Grout Intervals: From								
					🗖 Inggoti	aida Ctamaga		
☐ 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								
				remizei stoi	age 🔲 On we	ii/Gas weii		
☐ Other (Specify)								
10 FROM TO	LITHOLOG		FROM		LITHO. LOG (cont.) o		GINTERVALS	
	LIIIODO		11(01)1	' '			- 11.121(1712)	
				+				
				+				
				+				
				1				
			1					
		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)								
Kansas Water Well Contractor's License No								
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 Russey of Water Geology Section, 1000 SW Jackson St., Suita 420, Topaka, Kansas 66612, 1367, Talaphone 785, 206, 3565.								
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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> KSA 82a-1212								
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