KOLAR Document ID: 1613682

				vision of Water		W 11 ID		
<u> </u>		ge in Well Use		sources App. N		Well ID	N. 1	
1 LOCATION OF V	VATER WELL:	Fraction		ection Number	1		nge Number	
County:		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 direction from nearest town or intersection): If at owner's address, check here:								
Business: Address:			direction from	nearest town or	intersection): If at owne	r's address,	check here:	
Address:								
City:	State:	ZIP:						
3 LOCATE WELL	4 DEPEN OF COL	ADI EWED IVELI			_			
WITH "X" IN	4 DEPTH OF COMPLETED WELL:				,			
SECTION BOX:	Depth(s) Groundwater Encountered: 1)				tude:			
N					: ☐ WGS 84 ☐ NA		IAD 27	
	WELL'S STATIC WATER LEVEL:				Source for Latitude/Longitude:  GPS (unit make/model:)			
NW NE		, measured on (mo-day-						
NW  NE	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map			
$\mathbf{w}$	after hours pumping gpm			Online Mapper:				
	Well v	vater was f	t.					
SW SE X	after hours pumping gpm			6 Florestion: 6 Florest Level FTCC				
	Estimated Yield:gpm			6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map				
S	Bore Hole Diameter: in. to ft. and			Other				
1 mile 1								
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID								
1. Domestic:								
☐ Household ☐ Lawn & Garden	6. ☐ Dewatering: how many wells?			11. Test Hole: well ID				
Livestock		g: well ID			12. Geothermal: how many bores?			
2. Irrigation		al Remediation: well ID			a) Closed Loop  Horizontal  Vertical			
3. ☐ Feedlot	☐ Air Sparge ☐ Soil Vapor Extraction				b) Open Loop  Surface Discharge  Inj. of Water			
4. ☐ Industrial	☐ Recovery				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 in. to								
Casing height above land surface in. Weight								
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. to ft.								
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other								
Grout Intervals: From ft. to ft., From ft., From ft. to ft.								
	ole contamination: No				_			
☐ Septic Tank       ☐ Lateral Lines       ☐ Pit Privy       ☐ Livestock Pens       ☐ Insecticide Storage         ☐ Sewer Lines       ☐ Cess Pool       ☐ Sewage Lagoon       ☐ Fuel Storage       ☐ Abandoned Water Well								
Sewer Lines	Cess Pool					oned Water		
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well								
☐ Other (Specify)								
10 FROM TO	LITHOLOG		FROM		LITHO. LOG (cont.) o		GINTERVALS	
10 110101	LITHOLOG	310 200	TROM	10	EITHO. Ed C (cont.) o	LIEGGH	GHYIERVIES	
				†				
				†				
				† †				
				† †				
			Notes:	1				
	110000							
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								