KOLAR Document ID: 1576219

<u> </u>				ivision of Water		W 11 ID		
		ge in Well Use		sources App. N		Well ID	NY 1	
1 LOCATION OF	WATER 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 pearest town or intersection): If at owner's address, check here:								
Business: Address: direction from nearest town or intersection): If at owner's address, check here:								
Address:								
City:	State:	ZIP:						
3 LOCATE WELL	CATE WELL 4 DEPTH OF COMPLETED WELL:				do.		(1 ' 11)	
WITH "X" IN		Depth(s) Groundwater Encountered: 1) ft.			5 Latitude:			
SECTION BOX:		2) ft. 3) ft., or 4) \(\square\) Dry W			: 🗌 WGS 84 🔲 NA			
N	WELL'S STATIC WATER LEVEL: ft				for Latitude/Longitude		IAD 21	
	☐ below land surface		·· GPS (unit make/model:)					
NW -X	above land surface, measured on (mo-day-yr)				· (WAAS enabled? Yes No)			
	Pump test data: Well water was ft.			☐ La	☐ Land Survey ☐ Topographic Map			
W	after hours pumping gpm			☐ 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.			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		ng: how many wells?			11. Test Hole: well ID			
Lawn & Garden					☐ Cased ☐ Uncased ☐ Geotechnical			
☐ Livestock	8. Monitorin		12. Geoth	12. Geothermal: how many bores?				
2. Irrigation	9. Environmental Remediation: well ID				a) Closed Loop			
3. Feedlot	☐ Air Sparge ☐ Soil Vapor Extraction				b) Open Loop			
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)								
☐ Continuous Stot ☐ Mint Stot ☐ Gauze Wrapped ☐ Total Cut ☐ Diffied Holes ☐ Other (Specify)								
SCREEN-PERFORATED INTERVALS: From ft., From 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								
	ble contamination: No							
☐ 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	LITHOLO		FROM		π LITHO. LOG (cont.) o		CINTEDVALC	
IU FROM TO	LITHOLOG	GIC LOG	FROM	10	LITHO. LOG (colit.) 0.	LUGGIN	GINTERVALS	
	+							
	 			+ +				
				+ +				
				+ +				
			Notes:					
	110tes.							
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								
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