KOLAR Document ID: 1465735

				vision of Water		W 11 ID		
		ge in Well Use		sources App. No		Well ID	NT 1	
1 LOCATION OF	WATER 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 W							
	WELL'S STATIC WATER LEVEL:				Source for Latitude/Longitude:			
	below land surface, measured on (mo-day-yr)				<u> </u>			
NW T NE	above land surface, measured on (mo-day-yr)				()			
	Pump test data: Well water was			☐ Land Survey ☐ Topographic Map				
W	after hours pumping gpm Well water was ft.			☐ ☐ On	☐ Online Mapper:			
SW SE	after hours pumping gpm							
	Estimated Yield:gpm			6 Elevation :ft. ☐ Ground Level ☐ TOC				
S		gnii in. to	ft and		Source: ☐ Land Survey ☐ GPS ☐ Topographic Map			
	1 milein. t							
7 WELL WATER TO BE USED AS:								
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID								
Household				11. Test Hole: well ID				
	☐ Household 6. ☐ Dewatering: how many wells?							
Livestock 8. Monitoring: well ID								
2. ☐ Irrigation					a) Closed Loop Horizontal Vertical			
3. ☐ Feedlot					b) Open Loop Surface Discharge Inj. of Water			
4. ☐ Industrial	☐ Recovery		zatraction					
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:								
Water well disinfected? No								
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other								
Casing diameter								
Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No								
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., From ft. to ft.								
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other								
Grout Intervals: From								
	sible contamination: No							
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage								
☐ Sewer Lines	Cess Pool	☐ Sewage Lag		Fuel Storage		oned Water		
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well								
Other (Specify)								
			ft.					
10 FROM TO	LITHOLO	GIC LOG	FROM	TO 1	LITHO. LOG (cont.) or	: PLUGGIN	G INTERVALS	
								
	1			1				
	+			†				
	+		Notes:					
	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								