KOLAR Document ID: 1511385

				Division of Water					
		ge in Well Use Fraction		sources App. N		Well ID	N		
1 LOCATION OF WATER WELL: County:		1/4 1/4 1/4 1/4		ection Number	r Township Numb		Range Number R		
2 WELL OWNER: I		1	ural Address v	1.5					
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:									
Address:	_								
City:	State:	ZIP:							
3 LOCATE WELL WITH "X" IN	1 /1 118 PT H (18 (11M/P) BT BT) W/BT I •			t. 5 Latitude:(decimal degrees)					
SECTION BOX:	Depth(s) Groundwater Encountered: 1) ft.				Longitude:(decimal degrees)				
N	2) ft. 3) ft., or 4) ☐ Dry We				: □ WGS 84 □ NA				
	WELL'S STATIC WATER LEVEL: ft.				for Latitude/Longitude				
NW X NE	☐ below land surface, measured on (mo-day-yr)☐ above land surface, measured on (mo-day-yr)				(
NW NE	Pump test data: Well water was ft.				· (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map				
W E	after hours pumping gpm				Online Mapper:				
	Well w	vater was f	t.						
SW SE	after hours pumping gpm			6 Elevation:ft. ☐ Ground Level ☐ TOC					
	Estimated Yield:gpm				Source: Land Survey GPS Topographic Map				
S mile	Bore Hole Diameter: in. to ft. and in. to ft.			Source	Other				
7 WELL WATER TO BE USED AS:									
1. Domestic: 5. Public Water Supply: well ID									
☐ Household		ig: how many wells?			Iole: well ID				
☐ Lawn & Garden					☐ Cased ☐ Uncased ☐ Geotechnical				
☐ Livestock	8. Monitorin			12. Geothermal: how many bores?					
2. Irrigation	9. Environmental 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 Injection 13. Other (specify):									
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 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									
GRAVEL PACK INTERVALS: From									
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other									
					11. 10	Il.			
Nearest source of possible contamination: No potential source of contamination within 200 ft. ☐ 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.									
					tt LITHO. LOG (cont.) o		CINTEDVALC		
10 FROM TO	LITHOLOG	GIC LUG	FROM	10	LITHO. LOG (cont.) o	PLUGGIN	GINTERVALS		
			+	+					
				+					
				+					
			+						
			+				-		
			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)									
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									