KOLAR Document ID: 1636889

				Division of Water					
		e in Well Use		sources App. N		Well ID	NY 1		
1 LOCATION OF V	NATER WELL:	Fraction		ection Numbe	1		nge Number		
County:	1/4 1/4 1/4		1 A 1.1	T S		□ 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: direction from nearest town or intersection): If at owner's address, check here:									
Address:									
City:	State:	ZIP:							
3 LOCATE WELL	OCATE WELL 4 DEPTH OF COMPLETED WELL:				ft. 5 Latitude :(decimal degrees)				
WITH "X" IN	Depth(s) Groundwater Encountered: 1) ft.								
SECTION BOX:	2) ft. 3) ft., or 4) \[\subseteq \text{Dry We}			Longitude:					
N	WELL'S STATIC WATER LEVEL: ft.				e for Latitude/Longitud		NAD 21		
	below land surface, measured on (mo-day-yr)				·· GPS (unit make/model:)				
NW X NE	☐ above land surface	, measured on (mo-day-	yr)	(WAAS enabled? ☐ Yes ☐ No)					
	Pump test data: Well water was ft.			☐ Land Survey ☐ Topographic Map					
W E		s pumping		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:		ter Supply: well ID		. 10. □ Oi	l Field Water Supply:	lease			
☐ Household		g: how many wells?			11. Test Hole: well ID				
Lawn & Garden									
☐ Livestock	8. Monitoring: well ID				12. Geothermal: how many bores?				
2. Irrigation	9. Environmental Remediation: well ID				a) Closed Loop				
3. Feedlot	☐ Air Sparge	_		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? ☐ Yes ☐ No									
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)									
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)									
SCREEN-PERFORATED INTERVALS: From ft., From ft., From ft., From ft. to ft.									
GRAVEL PACK INTERVALS: From									
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	LITHOLOG		FROM		LITHO. LOG (cont.)		CINTEDVALC		
IU FROM TO	LITHOLOG	JIC LUG	FROM	10	LITHO. LOG (COIII.)	JI FLUGGIN	UINTERVALS		
				+ +					
			+	+ +					
			Notes:	1					
	1106656								
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									
visit us at <u>nttp://www.kd</u>	icks.gov/waterweii/index.ntml					17.	or o∠a-1∠1∠		