KOLAR Document ID: 1528239

<u> </u>				ivision of Wate		W II ID		
		ge in Well Use		sources App. N		Well ID	NY 1	
1 LOCATION OF V	ATER WELL:	Fraction		ection Number	1		nge Number	
County:	1/4 1/4 1/4	1/4 C	1 A 11	T S		□ 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: 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:				.do.		(1 ' 11 )	
WITH "X" IN	Depth(s) Groundwater Encountered: 1)				5 Latitude:			
SECTION BOX:	2) ft. 3) ft., or 4) \( \subseteq \text{Dry We}				tude: ı: □ WGS 84 □ N			
N	WELL'S STATIC WATER LEVEL: ft.				e for Latitude/Longitu		NAD 21	
	☐ below land surface.			PS (unit make/model:		)		
NW   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		☐ Oı	Online Mapper:			
SW SE	Well water was ft.							
X	after hours pumping gpm Estimated Yield:gpm			<b>6 Elevation</b> :ft. ☐ Ground Level ☐ TOC				
S	Bore Hole Diameter: in. to ft. as				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. □ Oi	l Field Water Supply:	lease		
☐ Household		ig: how many wells?		11. Test Hole: well ID				
Lawn & Garden								
☐ Livestock	8. Monitorin		12. Geoth	12. Geothermal: how many bores?				
2.  Irrigation	9. Environmenta			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?  Yes No								
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other								
Casing diameter								
Casing height above land surface								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
☐ Steel     ☐ PVC     ☐ Other (Specify)       ☐ Brass     ☐ Galvanized Steel     ☐ None used (open hole)								
☐ 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 ft. to ft., From ft., From ft., From ft. to ft.								
9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other.								
Grout Intervals: From								
	le 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.)		NC INTERVALE	
TO TROM TO	LITHOLUC	OIC LOG	FROM	10	LITTO, LOG (COIII.)	or I LUGGII	NO INTERVALS	
				+				
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				+ +				
			Notes:	1				
	110005							
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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> KSA 82a-1212								
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