KOLAR Document ID: 1587161

WATER		Division of Water										
			ge in Well Use			sources App.		T 1		Well ID	NII	
1 LOCATION OF WATER WELL: County:			Fraction 1/4 1/4 1/4 1/4			ection Numb	er	Township Number T S		Range Number R □ E □ W		
•		First:		Street or Rural Address where well is located								
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:											
Address:												
City:		State:	ZIP:									
3 LOCATI		L:	1	ft. 5 Latif	tude:				(decimal degrees)			
WITH "		Encountered: 1) ft.				5 Latitude:						
SECTION BOX: Deputi(s) Groundwater in 2) ft. 3			3) ft., or 4) 🗌 Dry Well				Datum: WGS 84 NAD 83 NAD 27					
WELL'S STATIC WA				Source	ce for	Latitude/Long	gitude:					
			, measured on (mo-									
			, measured on (mo-day-yr)				(WAAS enabled? ☐ Yes ☐ No)					
Pump test data: Well w			s pumping gpm				☐ Land Survey ☐ Topographic Map					
Walls			vater was ft.				☐ Online Mapper:					
			s pumping gpm									
Estimated Yield:			gpm			6 Elevation:ft. Ground Level TOC						
			in. to ft. and			Source	Source:   Land Survey   GPS   Topographic Map					
1 mile  in. to ft.												
7 WELL WATER TO BE USED AS:												
1. Domestic:			ter Supply: well II									
			g: how many wells?				11. Test Hole: well ID					
			echarge: well ID g: well ID				☐ Cased ☐ Uncased ☐ Geotechnical  12. Geothermal: how many bores?					
			al Remediation: well ID				a) Closed Loop   Horizontal   Vertical					
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? $\square$ Yes $\square$ No												
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded												
Casing diameter in. to												
Casing height above land surface in. Weight												
TYPE OF SCREEN OR PERFORATION MATERIAL:												
☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify)												
☐ Brass												
		ATION OPENINGS A										
_								Other (Specify	y)			
		☐ Key Punched ☐ W				None (Open 1				<b>C</b>	C.	
		ED INTERVALS: From								ft. to		
		CK INTERVALS: From										
		L: Neat cement										
		e contamination:					1	II. to .		п.		
Septic 7		Lateral Line				Tunin 200 ft.  Livestock P	ens	Пт	nsecticide	Storage		
☐ Sewer I		☐ Cess Pool			_	Fuel Storage				d Water V		
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well												
Other (Specify)												
	m well?					ft.						
10 FROM	TO	LITHOLOG	GIC LOG		FROM	TO	LIT	HO. LOG (co	nt.) or PI	<u>LUGGIN</u>	G INTERVALS	
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					NT 4							
					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)  and this record is true to the best of my knowledge and belief												
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.												
			Vater, Geology Section	on, 1000	SW Jackso	n St., Suite 420	), Tope	eka, Kansas 666	12-1367.			
Visit us at ht	ttp://www.kdhel	ks.gov/waterwell/index.html								KS	SA 82a-1212	