KOLAR Document ID: 1623435

						Division of Water						
			e in Well Use			irces App. N		.: N	Well ID	an Manulan		
1 LOCATION OF WATER WELL: County:			Fraction 1/4 1/4	1/4 1/4	Section Number			Township Number T S		ige Number □ E □ W		
•		N	First:	1	r D11re	al Addrage v			(if unly nown			
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:			1						
	3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:						ıde:			(decimal degrees)		
WITH "			Encountered: 1) ft.			Longitude:						
SECTION BOX: N Deputi(s) Groundwater I 2)ft. 3			3) ft., or 4) 🗌 Dry Well			Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27						
WELL'S STATION			VATER LEVEL: ft.			Source for Latitude/Longitude:						
l	1	below land surface,				□Gl	PS (unit make	/model:)		
			e, measured on (mo-day-yr)			(WAAS enabled? ☐ Yes ☐ No)						
Pump test data: Well w			s pumping gpm			☐ Land Survey ☐ Topographic Map						
			water was ft.			Online Mapper:						
SW	SE		er hours pumping gpm									
		Estimated Yield:gpm				6 Elevation:ft. Ground Level TOC						
S		Bore Hole Diameter:	ore Hole Diameter: in. to ft. and				Source:					
1 m			in. to ft.				Other					
7 WELL WATER TO BE USED AS:												
1. Domestic:			ter Supply: well ID									
			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												
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)												
		☐ Key Punched ☐ W				one (Open H			C			
	SCREEN-PERFORATED INTERVALS: From											
GRAVEL PACK INTERVALS: From												
		e contamination:					п	. to	It.			
Septic 7		Lateral Line				lin 200 ft. Livestock Pei	ne	☐ Insectic	ide Storage			
☐ Sewer I		☐ Cess Pool	Sewage I		_				ned Water			
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well												
☐ Other (Specify)												
		Distance from										
10 FROM	TO	LITHOLOG	GIC LOG	FRO	M	TO	LITHO. LOC	G (cont.) or	PLUGGIN:	G INTERVALS		
				37 /								
				Notes	S:							
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)												
Kansas Wat	ter Well Con	tractor's License No	This W	Vater Well	Reco	ord was con	apleted on (1	no-dav-ve	ar)	50 and bener.		
under the bi	usiness name	e of										
	,	Send one copy to WATER W	ELL OWNER and retain	n one for you	ır recor	rds. Fee of \$5	.00 for each cor	nstructed wel	11.			
	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 h	ttp://www.kdhel	ks.gov/waterwell/index.html							KS	SA 82a-1212		