KOLAR Document ID: 1366832

				ivision of Water		W 11 ID			
		ge in Well Use		sources App. No		Well ID	NY 1		
1 LOCATION OF	WATER WELL:	Fraction		ection Number			nge Number		
County:		1/4 1/4 1/4	1/4 D	1 A 1.1	T S	R	□ 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	LOCATE WELL 4 DEPTH OF COMPLETED WELL:				do.		(1 ' 11)		
WITH "X" IN		Depth(s) Groundwater Encountered: 1)			8,				
SECTION BOX:	2) ft. 3) ft., or 4) \[\subseteq \text{Dry V}				Longitude: (decimal degrees) Datum: WGS 84 NAD 83 NAD 27				
N		TER LEVEL:			for Latitude/Longitude		IAD 21		
	□ below land surface, measured on (mo-day-yr)				☐ GPS (unit make/model:)				
NW NE	☐ above land surface	, measured on (mo-day-	yr)		· (WAAS enabled? ☐ Yes ☐ No)				
		vater was ft		☐ Land Survey ☐ Topographic Map					
W		s pumping		☐ On	Online Mapper:				
SW SE	Well water was ft.								
X	after hours pumping gpm Estimated Yield:gpm			6 Elevation :ft. ☐ Ground Level ☐ TOC					
S		Bore Hole Diameter: in. to ft. a			Source:				
mile		in. to ft.			Other				
7 WELL WATER TO BE USED AS:									
1. Domestic:		nter Supply: well ID		10. □ Oil	Field Water Supply: 1	ease			
☐ Household		ig: how many wells?			11. Test Hole: well ID				
Lawn & Garden									
☐ Livestock	<u>−</u> ε				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?									
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ☐ Threaded									
Casing diameter									
Casing height above land surface									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)									
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. to 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									
Nearest source of possi	ble contamination:								
☐ Septic Tank	☐ Lateral Line			Livestock Pen		cide 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.) or		GINTERVALS		
IU TROM TO	LITHOLOG	GIC LOG	TROM	10	ETTIO. LOG (cont.) of	LUGGIN	O INTERVALS		
	1		†	+ +					
			†	†					
	†		Notes:	1					
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 Water Well Contractor's License No. This Water Well Record was completed on (mo-day-year) under the business name of									
under the business na	ne of	VELL OWNED or 1	no for ve	oords Ess -f of	00 for each const				
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								