KOLAR Document ID: 1526020

				ivision of Wate		W 11 ID			
		ge in Well Use		sources App. N		Well ID	NY 1		
1 LOCATION OF	WATER WELL:	Fraction		ection Numbe			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 pearest town or intersection): If at owner's address, check here:									
Business: Address: direction from nearest town or intersection): If at owner's address, check here:									
Address:									
City:	State:	ZIP:							
3 LOCATE WELL	VELL 4 DEPTH OF COMPLETED WELL:				.do.		(1 ' 11)		
WITH "X" IN		Depth(s) Groundwater Encountered: 1) ft.			Longitude:				
SECTION BOX:		2) ft., or 4) \[\subseteq \text{Dry We}			itude: a: □ WGS 84 □ NA				
N	WELL'S STATIC WATER LEVEL: ft				e for Latitude/Longitud		NAD 21		
		e, measured on (mo-day-			·· GPS (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		after hours pumpinggpm			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:	ft and		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		ng: how many wells?			11. Test Hole: well ID				
Lawn & Garden					☐ Cased ☐ Uncased ☐ Geotechnical				
☐ Livestock	8. Monitorin			12. Geothermal: how many bores?					
2. Irrigation	9. Environmenta			a) Closed Loop Horizontal Vertical					
3. Feedlot	☐ Air Sparge	_		b) Open Loop					
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. to 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									
	ble contamination: No	potential source of cont							
☐ Septic Tank	☐ Lateral Line			Livestock Pe		icide 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)									
10 FROM TO	LITHOLOG		FROM		LITHO. LOG (cont.)		GINTERVALS		
TO TROM TO	LITHOLOG	310 100	I KOWI	10	LITTIO. LOG (COIII.)	" I LOOOH	UNITERVALS		
			1	+					
	1			†					
				1					
				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 nar	ne of	/ELL OWNED and mate.	no for vicini	aorda Ess -f #5	00 for each com-t	uall			
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								