KOLAR Document ID: 1608573

				ivision of Wate		W 11 ID			
<u> </u>		ge in Well Use		sources App. N		Well ID	NT 1		
1 LOCATION OF W	ATER WELL:	Fraction		ection Numbe	1		nge Number		
County:	1/4 1/4 1/4	1/4 D	1 A 1.1	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	WELL 4 DEPTH OF COMPLETED WELL:				rdo.		(1 ' 11)		
WITH "X" IN	Depth(s) Groundwater Encountered: 1) ft.								
SECTION BOX:	2) ft. 3) ft., or 4) \square Dry We			Longitude:					
N	WELL'S STATIC WATER LEVEL: ft.				e for Latitude/Longitud		NAD 21		
		, 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 E	after hours pumpinggpm			□ O	Online Mapper:				
X - SW SE	Well water was ft.								
	after hours pumping gpm Estimated Yield:gpm			6 Elevation:ft. ☐ Ground Level ☐ TOC					
S	Bore Hole Diameter: in. to ft. and				Source: Land Survey GPS Topographic Map				
mile	in. to ft.				Other				
7 WELL WATER TO BE USED AS:									
1. Domestic:		ter Supply: well ID		. 10. □ Oi	l Field Water Supply:	lease			
☐ Household		g: how many wells?			11. Test Hole: well ID				
Lawn & Garden					☐ Cased ☐ Uncased ☐ Geotechnical				
☐ Livestock	8. Monitorin		12. Geoth	12. Geothermal: how many bores?					
2. Irrigation	9. Environmental Remediation: well ID				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?									
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)									
☐ Continuous Stot ☐ Mint Stot ☐ Gauze Wrapped ☐ Total Cut ☐ Diffied Holes ☐ Other (Specify)									
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.									
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		1 LITHO. LOG (cont.) (C INTEDUAL C		
TO LIVOINI IO	LITHULU	JIC LUU	FROM	10	LITIO, LOG (COIII.)	A I LUGUIN	O INTERVALO		
			+						
			+	+ +					
			+	+ +					
			+	+ +					
			+	+ +					
			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									
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.									
	eks.gov/waterwell/index.html	. a.c., Geology Section, 10	J D 11 JACKSC	5, 54110 720,	10ponu, 1xuiisus 00012-1.		SA 82a-1212		