KOLAR Document ID: 1511524

				Division of Water				
	ge in Well Use		sources App. No		Well ID	NY 1		
1 LOCATION OF WATER WELL:	Fraction		ection Number	Township Numb		nge Number		
County:		1/4 1/4	1 4 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: Address:		direction from	n nearest town or i	itersection): If at owne	r's address,	check here:		
Address:								
City: State:	ZIP:							
3. LOCATE WELL								
WITH "X" IN 4 DEPTH OF COMPLETED WELL: ft				le <u>:</u>				
SECTION BOX	Depth(s) Groundwater Encountered: 1)			Longitude:(decimal degrees)				
	2) ft. 3) ft., or 4) ☐ Dry Well WELL'S STATIC WATER LEVEL: ft.			Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27 Source for Latitude/Longitude:				
	below land surface, measured on (mo-day-yr)					,		
	above land surface, measured on (mo-day-yr)							
	Pump test data: Well water was ft.			☐ Land Survey ☐ Topographic Map				
after hour	after hours pumping gpm			Online Mapper:				
Well v	water was							
SW SE after hour	s pumping	(FI 4	0.					
	Estimated Yield:gpm			6 Elevation:ft. Ground Level TOC				
	Bote froite Blameter in: to it: talk				Source: Land Survey GPS Topographic Map			
1 mile in. to ft.								
7 WELL WATER TO BE USED AS:								
	5. Public Water Supply: well ID							
	6. Dewatering: how many wells?			11. Test Hole: well ID				
	7. Aquifer Recharge: well ID				☐ Cased ☐ Uncased ☐ Geotechnical			
					mal: how many bores?			
	9. Environmental Remediation: well ID			a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water				
4. ☐ Industrial ☐ Recovery								
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:								
Water well disinfected? No No								
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 ☐ PVC ☐ Other (Specify) ☐ 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., From ft., From ft., From ft. to ft.								
GRAVEL PACK INTERVALS: From								
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other								
Grout Intervals: From								
Nearest source of possible contamination: No potential source of contamination within 200 ft.								
☐ 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?								
10 FROM TO LITHOLO	GIC LOG	FROM	TO I	ITHO. LOG (cont.) o	r PLUGGIN	G INTERVALS		
			1					
	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)								
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.								
	Water, Geology Section	1000 SW Jacker	n St., Suite 420 T	oneka, Kansas 66612-13		9.785-296-3565		