KOLAR Document ID: 1465773

WATER		Division of Water										
Original			e in Well Use			ources App. I		T 1.1		Well ID	NII	
1 LOCATION OF WATER WELL:			Fraction 1/4 1/4	1/4 Sec	tion Number	er	Township Number T S			Range Number R □ E □ W		
County: 2 WELL OWNER: Last Name:			First:	1/4 Stro		rol Addross	who					
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:											
Address:												
City:		State:	ZIP:									
3 LOCATI		4 DEPTH OF COM	IPLETED WEL	L:	ft	. 5 Latit	atitude:(decimal degrees)					
	WITH "X" IN			Encountered: 1) ft.			Longitude:(decimal degrees)					
SECTION BOX: 2) ft. 3			3) ft., or 4) ☐ Dry Well				Datum: WGS 84 NAD 83 NAD 27					
WELL'S STATIC WA				Sourc	Source for Latitude/Longitude:							
	1	below land surface,			(,,,,,,,,,,,,,,,,,,,,,,							
			e, measured on (mo-day-yr)			(WAAS enabled? ☐ Yes ☐ No)						
Pump test data: Well w			s pumping gpm			☐ Land Survey ☐ Topographic Map						
			vater was ft.			Online Mapper:						
			s pumping gpm									
		Estimated Yield:	gpm			6 Elevation:ft. Ground Level TOC						
S Bore Hole Diamete			in. to ft. and			Source: Land Survey GPS Topographic Map						
1 m			in. to		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 in. Weight												
TYPE OF SCREEN OR PERFORATION MATERIAL:												
☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify)												
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)												
		ATION OPENINGS A										
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)												
		☐ Key Punched ☐ W				lone (Open H						
		ED INTERVALS: From								ft. to		
		CK INTERVALS: From										
		L: Neat cement										
		e contamination:					1	It. to	• • • • • • • • • • • • • • • • • • • •	It.		
Septic 7		Lateral Line				Livestock Pe	ens	П	nsecticid	e Storage		
☐ Sewer L		☐ Cess Pool	Sewage □ Sewage			Fuel Storage				ed Water V		
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well												
☐ Other (Specify)												
	m well?					ft.						
10 FROM	TO	LITHOLOG	GIC LOG	l	FROM	TO	LITI	HO. LOG (co	ont.) or PI	LUGGIN	G INTERVALS	
				N	otes:							
11 CONTRACTORS OR LANDOWNERS CERTIFICATION. This are a second as a second secon												
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)												
under my jurisdiction and was completed on (mo-day-year)												
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.												
			Vater, Geology Section	n, 1000 SV	W Jackson	St., Suite 420,	, Topel	ka, Kansas 666	512-1367.			
Visit us at ht	tp://www.kdhel	ks.gov/waterwell/index.html								KS	SA 82a-1212	