KOLAR Document ID: 1413146

WATER		Division of Water										
Original			e in Well Use			ources App. Netion Numbe		T 1- : 1		Well ID	Non-lean	
1 LOCATION OF WATER WELL: County:			Fraction 1/4 1/4				er	Township Number T S		II .	Range Number R □ E □ W	
•		First:			rol Addross	whor						
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 LOCATE		L :	ft	ft. 5 Latitude :(decimal degrees)								
WITH "X			Encountered: 1) ft.			Longitude:						
SECTION BOX: Deput(s) Groundwater 1 (2) ft. 3			3) ft., or 4) 🗌 Dry Well				Datum: WGS 84 NAD 83 NAD 27					
WELL'S STATIC WA			TER LEVEL: ft.			Source for Latitude/Longitude:						
			ace, measured on (mo-day-yr)			— ~ (,,,,,,,,,,,,,,,,,						
			, measured on (mo-day-yr)			(WAAS enabled? ☐ Yes ☐ No)						
Pump test data: Well w			s pumping gpm			☐ Land Survey ☐ Topographic Map						
Well w			vater was ft.			☐ Online Mapper:						
CTT CT			s pumping gpm									
		Estimated Yield:	:gpm			6 Elevation:ft. Ground Level TOC						
			in. to ft. and			Source: Land Survey GPS Topographic Map						
1 mi			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 IDg: well ID			Cased Uncased Geotechnical						
;			al Remediation: well ID			12. Geothermal: how many bores?						
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 ☐ Fiberglass ☐ PVC ☐ Other (Specify)												
☐ Brass												
		ATION OPENINGS A										
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)												
		☐ Key Punched ☐ W				Ione (Open H		6 F		C	C.	
		ED INTERVALS: From								ft. to		
		CK INTERVALS: From										
		L: Neat cement									• • • • • • • • • • • • • • • • • • • •	
		ft. toe contamination:	It., From	п. то	•••••	II., From	• • • • • • • • • • • • • • • • • • • •	II. to	• • • • • • • • • • • • • • • • • • • •	II.		
Septic T		☐ Lateral Line	es 🔲 Pit Priv	w		Livestock Pe	ens	ПΙ	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)												
		1? ft.										
10 FROM	TO	LITHOLOG	GIC LOG	F	ROM	TO	LITH	IO. LOG (co	ont.) or P	LUGGIN	G INTERVALS	
				N	otes:							
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 <u>constructed</u> 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	V Jackson	St., Suite 420,	, Topek	a, Kansas 666	512-1367.			
Visit us at htt	p://www.kdhel	ks.gov/waterwell/index.html								KS	SA 82a-1212	