KOLAR Document ID: 1617228

				vision of Water		W 11 ID		
		ge in Well Use		sources App. No		Well ID	N. 1	
1 LOCATION OF	WATER WELL:	Fraction		ection Number	1		nge Number	
County:		1/4 1/4 1/4		1 A 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 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	3 LOCATE WELL WITH (SY, IN. 4 DEPTH OF COMPLETED WELL:				.		(1 : 11)	
WITH "X" IN	Depth(s) Groundwater Encountered: 1) ft							
SECTION BOX:	2) ft. 3) ft., or 4) \square Dry W			Longitude: (decimal degrees) Datum: WGS 84 NAD 83 NAD 27				
N	WELL'S STATIC WATER LEVEL:				for Latitude/Longitude		IAD 21	
	below land surface, measured on (mo-day-yr)				S (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 I	after hours pumpinggpm				Online Mapper:			
SW SEX -	Well water was ft.							
	after hours pumping gpm Estimated Yield:gpm			6 Elevation :ft. ☐ Ground Level ☐ TOC				
S		gpm in. to	ft and		: Land Survey			
1 mile				Other				
7 WELL WATER TO BE USED AS:								
1. Domestic:		ater Supply: well ID		10. □ Oil	Field Water Supply: 16	ease		
Household		ig: how many wells?		11. Test Hole: well ID				
Lawn & Garden								
☐ Livestock	Livestock 8. Monitoring: well ID				12. Geothermal: how many bores?			
2. Irrigation					a) Closed Loop			
3. ☐ Feedlot	☐ Air Sparge ☐ Soil Vapor Extraction				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? 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)								
☐ 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. to ft.								
9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other								
Grout Intervals: From								
	ible 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		π. LITHO. LOG (cont.) οι		CINTEDVALC	
IU FROM TO	LITHOLOG	GIC LUG	FROM	10 1	LITHO. LOG (cont.) of	FLUGGIN	GINTERVALS	
				+				
	+			+				
	+		1	+				
	+			+				
	+			+				
	+		Notes:	1				
	10000							
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.								
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212								
we <u></u> // ** ** ** **						- L.		