KOLAR Document ID: 1570615

				Division of Water					
		ge in Well Use		sources App. N		Well ID	N		
1 LOCATION OF WATER WELL: County:		Fraction 1/4 1/4 1/4 1/4		ection Number	r Township Numb		Range Number R □ E □ W		
2 WELL OWNER:			ural Address v						
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:									
City:	State:	ZIP:							
3 LOCATE WELL	/			ft. 5 Latitu	t. 5 Latitude :(decimal degrees)				
WITH "X" IN SECTION BOX:	Depth(s) Groundwater Encountered: 1) ft.				Longitude:(decimal degrees)				
N	2) ft. 3) ft., or 4) \square Dry We			Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27					
	WELL'S STATIC WATER LEVEL: ft			Source for Latitude/Longitude:					
	below land surface, measured on (mo-day-yr)				a si s (unit intuite) insueri				
NW NE	☐ above land surface, measured on (mo-day-yr) Pump test data: Well water was ft.				()				
W E	after hours pumping gpm			☐ Land Survey ☐ Topographic Map ☐ Online Mapper:					
	Well water was ft.				Clinic Mapper				
SW S V	after hours pumping gpm								
	Estimated Yield:			6 Elevation:ft. Ground Level TOC					
S	Bore Hole Diameter: in. to ft. an			Source:					
1 mile in. to ft.									
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID									
 Domestic: Household 									
☐ Lawn & Garden	6. ☐ Dewatering: how many wells?				11. Test Hole: well ID				
Livestock					12. Geothermal: how many bores?				
2. ☐ Irrigation	9. Environmental Remediation: well ID				a) Closed Loop				
3. ☐ Feedlot	☐ Air Sparge ☐ Soil Vapor Extraction			b) Op	b) Open Loop Surface Discharge Inj. of Water				
4. ☐ Industrial	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 in. to ft., Diameter in. to ft., Diameter in. to ft.									
Casing height above land surface in. Weightlbs./ft. Wall thickness or gauge No									
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)									
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)									
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft., From ft. to ft.									
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft. to ft.									
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other									
Grout Intervals: From ft. to ft., From ft., From ft. to ft.									
	ole 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) □ Other (Specify)									
Direction from well? ft.									
10 FROM TO	LITHOLOG		FROM		LITHO. LOG (cont.) o		G INTERVALS		
-					(1.2.1.)				
	<u> </u>								
		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)									
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									