KOLAR Document ID: 1578167

					er		W 11 ID		
		ge in Well Use		sources App. 1		T 1: N 1	Well ID	NY 1	
1 LOCATION OF W	ATER WELL:	Fraction		ection Numb	er	Township Numb		nge Number	
County:	1/4 1/4 1/4	1/4 C4	1 A 1.1	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: direction from nearest town or intersection): If at owner's address, check here:									
Address:									
City:	State:	ZIP:							
3 LOCATE WELL	4 DEPTH OF COM	IDI ETED WELL.		ft 5 T a4:4	l.a.			(1 : 11)	
WITH "X" IN	Depth(s) Groundwater 1			t. 5 Latitude:					
SECTION BOX:	2) ft. 3				e: WGS 84 □ NA				
N	WELL'S STATIC WA				Latitude/Longitude		NAD 21		
X	☐ below land surface.				nit make/model:)		
NW NE	☐ above land surface,	yr)	"	·· (WAAS enabled? ☐ Yes ☐ No)					
	Pump test data: Well w		☐ Land Survey ☐ Topographic Map						
W E	after hours			Online Mapper:					
SW SE	Well w								
	after hours pumping gpm			6 Elevation :ft. ☐ Ground Level ☐ TOC					
S	Estimated Yield:gpm Bore Hole Diameter:in. toft. ar				Source: Land Survey GPS Topographic Map				
mile				Other					
1 mile in. to ft. Under									
1. Domestic:		ter Supply: well ID		. 10. □ 0	il Fiel	ld Water Supply: 1	ease		
☐ Household	6. ☐ Dewaterin			11. Test Hole: well ID					
Lawn & Garden	7. Aquifer Re			☐ Cased ☐ Uncased ☐ Geotechnical					
☐ Livestock	8. Monitorin		. 12. Geot	12. Geothermal: how many bores?					
2. Irrigation	9. Environmenta) Extraction		a) Closed Loop _ Horizontal Uvertical					
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? 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 ☐ Mili Stot ☐ Gauze Wrapped ☐ Total Cut ☐ Diffied Holes ☐ Other (Specify)									
SCREEN-PERFORATED INTERVALS: From ft., From ft., From ft., From ft., From 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									
Nearest source of possibl									
☐ 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			п НО. LOG (cont.) о		IC INTEDWALS	
TO PROME TO	LITHULU	JIC LUU	LYOM	10	PILL	iio. log (coll.) 0	LILUGUIN	O INTERVALO	
			+	+					
			+						
			+	+ -					
			+						
			+						
			Notes:	1	I				
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. This Water Well Record was completed on (mo-day-year) under the business name of									
under the business name	of	TELL OWNER 1 1 1		1 77 2 2	<u>.</u>	1	11		
	Send one copy to WATER W							e 785-296-3565	
	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								