KOLAR Document ID: 1414207

WATER		Division of Water										
Original F			e in Well Use			ources App. I		T		Well ID	Manulan	
1 LOCATION OF WATER WELL: County:			Fraction 1/4 1/4 1/4 1/4			ction Number	er	Township Number T S			Range Number R □ E □ W	
•	W/NED. r.	First:		Street or Rural Address where well is located (if un								
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		4 DEPTH OF COM	IPLETED WELI	L :	f	t. 5 Latit	5 Latitude:(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 W				Source	Source for Latitude/Longitude:							
			, measured on (mo-		()							
			, measured on (mo-day-yr)				(1					
Pump test data: Well w			s pumping gpm				☐ Land Survey ☐ Topographic Map					
			water was ft.				☐ Online Mapper:					
CTT CT			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 mil			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 ☐ Fiberglass ☐ PVC ☐ Other (Specify)												
☐ Brass												
SCREEN OR PERFORATION OPENINGS ARE:												
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)												
		☐ Key Punched ☐ W				None (Open I		6. 17		6	C	
		ED INTERVALS: From								ft. to		
		CK INTERVALS: From										
		L: Neat cement									• • • • • • • • • • • • • • • • • • • •	
		ft. toe contamination:	п., From	II. I	.0	π., From		II. to		II.		
☐ Septic Ta		Lateral Line	s 🔲 Pit Priv	/ V /	Г	Livestock Pe	ens	ПΙ	nsecticida	e Storage		
Sewer Li		☐ Cess Pool	□ Sewage			Fuel Storage				ed Water V	Well	
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well												
☐ Other (Specify)												
Direction from well? Distance from well?												
10 FROM	TO	LITHOLOG	GIC LOG		FROM	TO	LITE	HO. LOG (co	nt.) or PI	LUGGIN	G INTERVALS	
					NT 4							
				I	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 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 S	SW Jackson	n St., Suite 420,	, Topel	ta, Kansas 666	12-1367.			
Visit us at http	://www.kdhek	cs.gov/waterwell/index.html								KS	A 82a-1212	