KOLAR Document ID: 1535464

				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			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: direction from nearest town or intersection): If at owner's address, check here:									
Address:									
City:	State:	ZIP:							
3 LOCATE WELL	OCATE WELL 4 DEPTH OF COMPLETED WELL:				. ft. 5 Latitude:(decimal degrees)				
WITH "X" IN		Depth(s) Groundwater Encountered: 1) ft.			,				
SECTION BOX:		3) ft., or 4)		Longitude: (decimal degrees) Datum: WGS 84 NAD 83 NAD 27					
N		TER LEVEL:			for Latitude/Longitude		AD 21		
		, measured on (mo-day-			· GPS (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		s pumping		Online Mapper:					
SW SE	Well water was ft.								
X	after hours pumping gpm Estimated Yield:gpm			6 Elevation:ft. ☐ Ground Level ☐ TOC					
S			ft and	a					
mile	Bore Hole Diameter: in. to ft. ar in. to ft.				Other				
7 WELL WATER TO BE USED AS:									
1. Domestic:		ater Supply: well ID		10. □ Oil	Field Water Supply: 16	ease			
☐ Household		g: how many wells?			11. Test Hole: well ID				
Lawn & Garden									
☐ Livestock	ock 8. Monitoring: well ID				12. Geothermal: how many bores?				
2. Irrigation	9. Environmenta		a) Closed Loop Horizontal Vertical						
3. ☐ Feedlot	☐ Air Sparge	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?									
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)									
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)									
SCREEN-PERFORATED INTERVALS: From ft., From 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									
	ble 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	ATTO: LOG (colit.) of	LUGGIN	GINTERVALS		
	+								
	+		1	+ +					
				+ +					
				+ +					
			Notes:						
	110000								
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>									