KOLAR Document ID: 1563231

Original Record Correction Change in Well Use Reso							Wall ID			
					rces App. N		Well ID	NT 1		
1 LOCATION OF V	WATER WELL:	Fraction		Section	on Number	1		nge Number		
County:		1/4 1/4 1/4		D	1 1 1 1	T S	R	$\square E \square W$		
2 WELL OWNER:	First:	Street or Rural Address where well is located (if unknown)								
Business: Address:	direction from nearest town or intersection): If at owner's address, check here						check here:			
Address:										
City:	State:	ZIP:								
3 LOCATE WELL										
WITH "X" IN	4 DEPTH OF COM		ft.	5 Latitude:(decimal degrees)						
SECTION BOX:		Depth(s) Groundwater Encountered: 1) f			Longitude:(decimal degrees)					
N N	2) ft. 3) ft., or 4) \square Dry			1	Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27					
	WELL'S STATIC WATER LEVEL:				Source for Latitude/Longitude:					
	below land surface, measured on (mo-day-yr)				_ == = (
NW NE	above land surface, measured on (mo-day-yr)				((
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map					
W		after hours pumping				Online Mapper:				
SW SE - X		Well water was ft. after hours pumping gpm								
	Estimated Yield:	s pumping	. gpm		6 Elevation :ft. ☐ Ground Level ☐ TOC					
S		in. to ft. and			Source: Land Survey GPS Topographic Map					
1 mile	in. to ft.			Other						
7 WELL WATER TO BE USED AS:										
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID										
☐ Household		6. Dewatering: how many wells?								
Lawn & Garden										
Livestock					12. Geothermal: how many bores?					
2. ☐ Irrigation	8. Monitoring: well ID					a) Closed Loop Horizontal Vertical				
3. ☐ Feedlot	n 9. Environmental Remediation: well ID					b) Open Loop Surface Discharge Inj. of Water				
							(specify):			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \										
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:										
Water well disinfected? No										
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded										
Casing diameter in. to ft., Diameter in. to ft., Diameter ft.										
Casing height above land surface in. Weight lbs./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										
GRAVEL PACK INTERVALS: From										
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other										
Grout Intervals: From										
Nearest source of possible contamination: No potential source of contamination within 200 ft.										
☐ 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)										
10 FROM TO	LITHOLO	GIC LOG	FROM	1	TO	LITHO. LOG (cont.) or I	LUGGIN'	<u>G INTERVALS</u>		
			Notes:	es:						
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										
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										