KOLAR Document ID: 1456292

				ivision of Wate		W II ID			
		ge in Well Use		sources App. N		Well ID	NY 1		
1 LOCATION OF	WATER WELL:	Fraction		ection Numbe			nge Number		
County:		1/4 1/4 1/4	1/4	1 4 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									
Business: Address: direction from nearest town or intersection): If at owner's address, check here:									
Address:									
City:	State:	ZIP:							
3 LOCATE WELL									
WITH "X" IN		APLETED WELL: .			,				
SECTION BOX:		Depth(s) Groundwater Encountered: 1)			Longitude:(decimal degrees)				
N	2) ft. 3) ft., or 4) ☐ Dry W			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)				<u> </u>				
NW NE	above land surface, measured on (mo-day-yr)				(
	, c. 1	Pump test data: Well water was			☐ Land Survey ☐ Topographic Map				
WX		Well water was ft.			☐ Online Mapper:				
SW SE	after hours pumping gpm								
	Estimated Yield:gpm			6 Elevation:ft. ☐ Ground Level ☐ TOC					
S	Bore Hole Diameter:	ft. and	Source: Land Survey GPS Topographic Map						
mile	in. to ft.				Other				
7 WELL WATER TO BE USED AS:									
1. Domestic:		ater Supply: well ID		. 10. □ Oi	l Field Water Supply:	ease			
Household		ig: how many wells?			11. Test Hole: well ID				
☐ Lawn & Garden				☐ Cased ☐ Uncased ☐ Geotechnical					
Livestock	8. ☐ Monitorin		12. Geothermal: how many bores?						
2. ☐ Irrigation	9. Environmenta		a) Closed Loop						
3. ☐ Feedlot	☐ Air Sparge ☐ Soil Vapor Extraction				b) Open Loop Surface Discharge Inj. of Water				
4. ☐ Industrial	☐ Recovery	☐ Injection		13. 🔲 Ot	her (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									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
☐ Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)									
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. to ft., From ft., From ft. to ft.									
GRAVEL PACK INTERVALS: From									
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other									
	ble contamination: No				It. to	It.			
					ns 🗆 Insact	iaida Storoge			
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage ☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well									
☐ 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?									
10 FROM TO	LITHOLOG		FROM		LITHO. LOG (cont.)		G INTERVALS		
					(
	1		1	†					
	†		1	+					
	<u> </u>		1	+ +					
				+ +					
	+		1	+ +					
	+		Notes	1 1					
		Notes:							
11. CONTENT CHOOM ON I AND ON MEDIC CERTIFICATIVON. THE STATE OF THE S									
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								