KOLAR Document ID: 1535352

				ivision of Wate		W 11 ID			
		ge in Well Use		sources App. N		Well ID	NY 1		
1 LOCATION OF	WATER WELL:	Fraction		ection Numbe	1		nge Number		
County:		1/4 1/4 1/4		1 A 11	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	LOCATE WELL 4 DEPTH OF COMPLETED WELL:				ft. 5 Latitude:(decimal degrees)				
WITH "X" IN	Depth(s) Groundwater				Longitude:				
SECTION BOX:		3) ft., or 4) [			: □ WGS 84 □ NA				
N	WELL'S STATIC WA			for Latitude/Longitude		NAD 21			
	□ below land surface, measured on (mo-day-yr)				·· GPS (unit make/model:)				
NW   NE	□ above land surface.	, measured on (mo-day-	-yr)	(WAAS enabled? ☐ Yes ☐ No)					
	Pump test data: Well w			☐ Land Survey ☐ Topographic Map					
W		s pumping		Online Mapper:					
SW SE		vater was							
	after hours pumping gpm Estimated Yield:gpm			<b>6 Elevation</b> :ft. ☐ Ground Level ☐ TOC					
S		ft and		Source: Land Survey GPS Topographic Map					
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. □ Oi	Field Water Supply: 1	ease			
☐ Household		ng: how many wells?			11. Test Hole: well ID				
Lawn & Garden									
☐ Livestock	Livestock 8. Monitoring: well ID				12. Geothermal: how many bores?				
2.  Irrigation					a) Closed Loop    Horizontal    Vertical				
3. ☐ Feedlot	☐ Air Sparge ☐ Soil Vapor 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?  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)									
□ 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.									
9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other									
Grout Intervals: From									
	ible 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		LITHO. LOG (cont.) o		C INTEDVALS		
10 FROM 10	LITHOLOG	GIC LOG	FROM	10	LITHO. LOG (Colit.) 0	LUGGIN	GINTERVALS		
	+			+					
				+ +					
	+			+ +					
	+			+ +					
	+			+ +					
	+		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.									
Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> KSA 82a-1212									