KOLAR Document ID: 1533154

<u> </u>				vision of Water		W 11 ID		
<u> </u>		e in Well Use		sources App. No		Well ID	N. 1	
1 LOCATION OF W	'ATER WELL:	Fraction		ection Number			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	4 DEPEN OF COL	ADI EWED IVELI			_			
WITH "X" IN	4 DEPTH OF COMPLETED WELL:							
SECTION BOX:	Depth(s) Groundwater Encountered: 1)			Longitude:(decimal degrees)				
N	2) ft. 3) ft., or 4) ☐ Dry Wel WELL'S STATIC WATER LEVEL: ft.				Datum: WGS 84 NAD 83 NAD 27			
					for Latitude/Longitude		,	
NIV A NIE	☐ below land surface, measured on (mo-day-yr) ☐ above land surface, measured on (mo-day-yr)							
NW X - NE	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map			
\mathbf{w}	after hours pumping gpm			Online Mapper:				
	Well w	vater was ft	i.		F F			
SW SE	after hours pumping gpm			(Florestions 6 F.C. 11 1 F.T.C.				
	Estimated Yield:gpm			6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map				
S	Bore Hole Diameter: in. to ft. and			Source	Other			
1 mile It. U It.								
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID								
1. Domestic:								
☐ Household ☐ Lawn & Garden		g: how many wells? echarge: well ID			11. Test Hole: well ID			
☐ Livestock		g: well ID			12. Geothermal: how many bores?			
2. Irrigation		al Remediation: well ID			a) Closed Loop Horizontal Vertical			
3. ☐ Feedlot	☐ Air Sparge ☐ Soil Vapor Extraction				b) Open Loop Surface Discharge Inj. of Water			
4. ☐ Industrial	Recovery	☐ Injection			ner (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 ☐ 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., From ft.								
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft. to ft.								
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other								
Grout Intervals: From ft. to ft., From ft., From ft. to ft.								
	le 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								
☐ Watertight Sewer Li				Fertilizer Stor	age 🔲 Oil we	ii/Gas weii		
☐ Other (Specify)								
10 FROM TO	LITHOLOG		FROM		LITHO. LOG (cont.) of		GINTERVALS	
	ZIIIODO		110111	'	(cont.) 0.	- 2000III	- 11.1211 (1111)	
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				+				
			Notes:	1				
	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								