KOLAR Document ID: 1595826

				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 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	WELL "IN IN 4 DEPTH OF COMPLETED WELL:				rdo.		(1 : 11 )	
WITH "X" IN		Depth(s) Groundwater Encountered: 1)						
SECTION BOX:		2) ft. 3) ft., or 4) Dry W			Longitude:			
N		TER LEVEL:			e for Latitude/Longitude		NAD 21	
	☐ below land surface			GPS (unit make/model:)				
NW   NE	□ above land surface	, measured on (mo-day-	yr)		·· (WAAS enabled? \( \subseteq \text{Yes} \( \supseteq \text{No} \)			
	Pump test data: Well v			☐ La	☐ Land Survey ☐ Topographic Map			
W		s pumping			Online Mapper:			
SW   SE		Well water was ft.						
	after hours pumping gpm Estimated Yield:gpm			6 Elevation:ft. ☐ Ground Level ☐ TOC				
X S			in. to 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		ng: how many wells?			11. Test Hole: well ID			
Lawn & Garden					☐ Cased ☐ Uncased ☐ Geotechnical			
☐ Livestock	8. Monitorin		. 12. Geoth	12. Geothermal: how many bores?				
2. Irrigation		al Remediation: well II			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?								
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. to 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	LITHOLO		FROM		LITHO. LOG (cont.) o		C INTERVALE	
10 FROM 10	LITHOLO	GIC LOG	FKOW	10	LITHO. LOG (COIII.) C	FLUGGIN	GINTERVALS	
				+				
				+				
				+ +				
				+ +				
				+ +				
			Notes:	1				
	110603							
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								
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