KOLAR Document ID: 1423431

□ Original Record □ Correction □ Change in Well Use						Division of Water												
		<u> </u>	e in Well Use			urces App. No		in Numba	Well ID	aa Numbar								
1 LOCATION OF WATER WELL: County:			Fraction 1/4 1/4	1/4 1/4	Sect	ion Number	T Townsn	ip Numbei S	Range Number R									
•		N			r Diire	ol Addross v												
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:																		
Address:																		
Address:																		
City:		State:	ZIP:			1												
	LOCATE WELL 4 DEPTH OF COMPLETED WELL:						ft. <b>5 Latitude</b> :(decimal degrees)											
WITH "SECTIO		Depth(s) Groundwater I				Longitude:(decimal degrees)												
	N 2) ft. 3			3) ft., or 4) ☐ Dry Well			Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27											
	·	WELL'S STATIC WAT			Source for Latitude/Longitude:													
	l	below land surface,			()													
NW	NE	, measured on (mo-day-yr)			(WAAS enabled? ☐ Yes ☐ No)													
w	K E	s pumping gpm			☐ Land Survey ☐ Topographic Map ☐ Online Mapper:													
"	l l	vater was ft.			Опште ттаррет.													
			rs pumpinggpm															
		Estimated Yield:					6 Elevation:ft. Ground Level TOC											
	S		ole Diameter: in. to ft. and				Source:											
1 n			in. to	ft.			☐ Other											
7 WELL WATER TO BE USED AS: 1. Domestic: 5. ☐ Public Water Supply: well ID																		
1. Domestic:			ter Supply: well ID															
			g: how many wells?echarge: well ID			11. Test Hole: well ID												
			g: well ID			12. Geothermal: how many bores?												
			al Remediation: well ID			a) Closed Loop  Horizontal  Vertical												
3. ☐ Feedlot ☐ Air Sparge						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 JOINTS: Glued Clamped Welded Threaded																		
Casing diameter in. to ft., Diameter 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 ☐ Fiberglass ☐ PVC ☐ Other (Specify)																		
_	☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)																	
SCREEN OR PERFORATION OPENINGS ARE:  ☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)																		
_								:спу)										
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)  SCREEN-PERFORATED INTERVALS: From ft. to 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																		
		ft. to																
Nearest sou	rce of possible	e contamination: No	potential source of co	ontaminatio														
☐ Septic '		☐ Lateral Line			_	Livestock Per	_	Insecticion										
☐ Sewer I		Cess Pool	☐ Sewage I			Fuel Storage	-	Abandon		Well								
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well																		
☐ Other (Specify)																		
10 FROM	TO	LITHOLOG		FRO					PLUGGIN	G INTERVALS								
10 11(01)1	10	EIIIOEO	310 200	IRO	111	10	<u> </u>	(cont.) or i	LUGGII	SHVIERVIES								
				Notes	s:													
		<u> </u>																
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged																		
11 CONT	RACTOR'S	OR LANDOWNER'S	S CERTIFICATIO	N: This	water	well was	constructed	, recor	istructed,	or plugged								
under my jurisdiction and was completed on (mo-day-year)																		
Kansas Wa	ter Well Con	tractor's License No	This W	vater Wel	Reco	ord was com	ipleted on (m	o-day-yea	ır)									
unaci ille D	usincss name	Send one copy to WATER W	ELL OWNER and retain	n one for vo	ır recor	rds. Fee of \$5	00 for each con-	structed well	<u> </u>	•••••								
KS Departn										2785-296-3565.								
						,	-	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										