KOLAR Document ID: 1531937

				vision of Water		W 11 ID			
		ge in Well Use		sources App. No		Well ID	N. 1		
1 LOCATION OF	WATER WELL:	Fraction		ection Number	Township Numb		nge Number		
County:		1/4 1/4 1/4	1/4 C4	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	CATE WELL 4 DEPTH OF COMPLETED WELL:				. ft. 5 Latitude:(decimal degrees)				
WITH "X" IN		Depth(s) Groundwater Encountered: 1)			Longitude:				
SECTION BOX:	1	3) ft., or 4)		Datum: WGS 84 NAD 83 NAD 27					
N		TER LEVEL:			for Latitude/Longitude		AD 21		
	☐ below land surface			GPS (unit make/model:)					
NW NE	☐ above land surface	, measured on (mo-day-	yr)	· (WAAS enabled? \( \subseteq \text{Yes} \( \supseteq \text{No} \)					
X		vater was ft		☐ Land Survey ☐ Topographic Map					
W		s pumping		Online Mapper:					
SW   SE		vater was f							
	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.			l ——	Other				
7 WELL WATER TO BE USED AS:									
1. Domestic:		ater Supply: well ID		10. □ Oil 1	Field Water Supply: le	ease			
☐ Household		ng: how many wells?			11. Test Hole: well ID				
Lawn & Garden									
☐ Livestock	8. Monitorin		12. Geother	12. Geothermal: how many bores?					
2.  Irrigation		al Remediation: well ID			a) Closed Loop				
3. Feedlot	☐ Air Sparge	_		b) Open Loop					
	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., 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									
	ble contamination: No								
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage									
☐ Sewer Lines	☐ Cess Pool	☐ Sewage Lag		Fuel Storage		oned Water			
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well									
☐ Other (Specify)         Direction from well?         ft.									
10 FROM TO	LITHOLOG		FROM		π. ITHO. LOG (cont.) or		CINTEDVALC		
IU FROM TO	LITHOLOG	GIC LOG	FKOM	10 L	TIHO. LOG (cont.) of	FLUUGIN	GINTERVALS		
				1					
	+			+					
	<del> </del>		+	+					
				+					
			Notes:	11					
	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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