KOLAR Document ID: 1583935

				Division of Water				
	ge in Well Use		sources App. No		Well ID	NY 1		
1 LOCATION OF WATER WELL:	Fraction		ection Number	Township Numb		nge Number		
County:		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 direction from nearest town or intersection): If at owner's address, check here:								
Business: Address:		direction from	n nearest town or ii	itersection): If at owner	r's address,	check here:		
Address:								
City: State:	ZIP:							
3 LOCATE WELL 4 DEPTH OF CO.	ADI EMED IVELI		s =					
WITH "X" IN  4 DEPTH OF COMPLETED WELL: ft.				le <u>:</u>				
	Depth(s) Groundwater Encountered: 1)			Longitude:         (decimal degrees)           Datum:         WGS 84         NAD 83         NAD 27				
	2) ft. 3) ft., or 4) ☐ Dry Well WELL'S STATIC WATER LEVEL: ft.			∐ WGS 84		√AD 27		
	below land surface, measured on (mo-day-yr)					,		
	above land surface, measured on (mo-day-yr)							
	Pump test data: Well water was ft.			☐ Land Survey ☐ Topographic Map				
	after hours pumping gpm			Online Mapper:				
	Well water was ft.							
after hour	s pumping	( F) (*	( Florestion:					
	Estimated Yield:gpm			6 Elevation:ft. Ground Level TOC				
	Bore Hole Diameter: in. to ft. and			Source:   Land Survey   GPS   Topographic Map				
1 mile  in. to ft.								
7 WELL WATER TO BE USED AS:								
	5. Public Water Supply: well ID							
	6. Dewatering: how many wells?			11. Test Hole: well ID				
	7. Aquifer Recharge: well ID			☐ Cased ☐ Uncased ☐ Geotechnical				
					hermal: how many bores?			
	9. Environmental Remediation: well ID			a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water				
4. ☐ Industrial ☐ Recovery								
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:								
Water well disinfected?  No No								
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ☐ Threaded								
Casing diameter								
Casing height above land surface								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
☐ Steel         ☐ PVC         ☐ Other (Specify)         ☐ 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								
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other								
Grout Intervals: From								
Nearest source of possible contamination: No potential source of contamination within 200 ft.								
☐ 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?								
10 FROM TO LITHOLO	GIC LOG	FROM	TO L	ITHO. LOG (cont.) or	PLUGGIN	G INTERVALS		
	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)								
Kansas Water Well Contractor's License No								
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.								
KS Department of Health and Environment Rureau of	Water Genloov Section 1	000 SW Jacker	n St., Suite 420 Ta	oneka. Kansas 66612-13 <i>6</i>	7. Telephone	e 785-296-3565		