KOLAR Document ID: 1600630

	WELL K		Division of Water									
			e in Well Use			urces App. N		N 1	Well ID	NI1		
1 LOCATION OF WATER WELL: County:			Fraction 1/4 1/4	1/4 1/4	Sect	ion Number		Township Number		Range Number R		
•		N	First:		r Dur	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						
	3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:						ft. 5 Latitude:(decimal degrees)					
WITH "			Encountered: 1) ft.			Longitude:(decimal degrees)						
SECTION BOX: N Deput(s) Groundwater 1 2) ft. 3			3) ft., or 4) ☐ Dry Well			Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27						
WELL'S STATI			TER LEVEL:		Source for Latitude/Longitude:							
	l		below land surface, measured on (mo-day-yr)				(
			e, measured on (mo-day-yr)			(WAAS enabled? ☐ Yes ☐ No)						
Pump test data: Well w			s pumping gpm			☐ Land Survey ☐ Topographic Map						
W ₀ 11			water was ft.			☐ Online Mapper:						
SW	SE		after hours pumping gpm									
		Estimated Yield:gpm				6 Elevation:ft. ☐ Ground Level ☐ TOC						
	S	Bore Hole Diameter: in. to ft. and				Source:						
1 n			in. to ft.					Other				
7 WELL WATER TO BE USED AS:												
1. Domestic:			Public Water Supply: well ID			10. Oil Field Water Supply: lease						
_				g: how many wells?			11. Test Hole: well ID					
			echarge: well ID g: well ID			☐ Cased ☐ Uncased ☐ Geotechnical 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? \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 in. Weight												
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)												
		☐ Key Punched ☐ W				one (Open Ho			C			
		ED INTERVALS: From							ft. to			
GRAVEL PACK INTERVALS: From												
		e contamination:					Г	t. to	It.			
Septic		Lateral Line				lin 200 ft. Livestock Per	าร	□ Insectic	ide Storage			
Sewer 1		☐ Cess Pool			_				ned Water			
☐ 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)												
	om well?				ft.							
10 FROM	TO	LITHOLOG	GIC LOG	FRO	M	TO	LITHO. LO	G (cont.) or	PLUGGIN	G INTERVALS		
				1								
				Note	s:							
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 Wa	ter Well Con	tractor's License No	This V	Water Wel	l Reco	ord was com	npleted on (mo-dav-ve	ar)	50 and bener.		
under the b	usiness name	e of										
	;	Send one copy to WATER W	ELL OWNER and reta	in one for yo	ur recoi	rds. Fee of \$5.	.00 for each co	nstructed wel	11.			
	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 h	ttp://www.kdhe	ks.gov/waterwell/index.html							KS	SA 82a-1212		