KOLAR Document ID: 1562329

				vision of Water		W 11 ID		
<u> </u>		ge in Well Use		sources App. No		Well ID	N. 1	
1 LOCATION OF W	'ATER WELL:	Fraction		ection Number			nge Number	
County:		1/4 1/4 1/4	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								
Business: Address: direction from nearest town or intersection): If at owner's address, check here:								
Address:								
City:	State:	ZIP:						
3 LOCATE WELL				_				
WITH "X" IN	4 DEPTH OF COMPLETED WELL:				,			
SECTION BOX:	Depth(s) Groundwater Encountered: 1) ft.			Longitude:(decimal degrees)				
N	2) ft. 3) ft., or 4) ☐ Dry We			Datum: WGS 84 NAD 83 NAD 27				
	WELL'S STATIC WATER LEVEL: ft.			Source for Latitude/Longitude:				
' '	below land surface, measured on (mo-day-yr)				(,,,,,,,,,,,,			
NW NE	above land surface, measured on (mo-day-yr) Pump test data: Well water was ft.			()				
	after hours pumping gpm			☐ Land Survey ☐ Topographic Map				
W E	Well water was ft.			☐ Online Mapper:				
X SW SE	after hours pumping gpm							
	Estimated Yield:gpm			6 Elevation:ft. ☐ Ground Level ☐ TOC				
S	Bore Hole Diameter: in. to ft. an			Source: ☐ Land Survey ☐ GPS ☐ Topographic Map				
mile		in. to			☐ Other			
7 WELL WATER TO BE USED AS:								
1. Domestic:		ater Supply: well ID		10. □ Oil	Field Water Supply: 1	ease		
☐ Household		ig: how many wells?			11. Test Hole: well ID			
☐ Lawn & Garden								
☐ Livestock					12. Geothermal: how many bores?			
2. Irrigation	<u> </u>				a) Closed Loop			
3. ☐ Feedlot	☐ Air Sparge ☐ Soil Vapor Extraction				b) Open Loop Surface Discharge Inj. of Water			
4. ☐ Industrial	☐ Recovery	☐ Injection		13. 🔲 Oth	ner (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								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
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. to ft., From ft., From ft. to ft.								
GRAVEL PACK INTERVALS: From								
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other								
Grout Intervals: From								
					🗖 Inggoti	aida Ctamana		
☐ 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 ☐ Feedvard ☐ Fertilizer Storage ☐ Oil Well/Gas Well								
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Other (Specify)								
Direction from well? ft.								
10 FROM TO	LITHOLOG		FROM		LITHO. LOG (cont.) of		GINTERVALS	
	LIIIODO		11(01)1	'	(cont.) 0.	- 25 COII (- II. ILIK (IILI)	
				+				
				+				
				+				
				1				
				+				
			1	1				
		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 Burgau of Water Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.								
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								
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