KOLAR Document ID: 1458086

WATER		Division of Water										
Original			e in Well Use			urces App. N		1. ' N		Vell ID	NIl	
1 LOCATION OF WATER WELL:			Fraction 1/4 1/4	Seci	Section Number		Township Number		Range Number R □ E □ W			
County: 2 WELL OWNER: Last Name:			First:			al Addrage	where					
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:											
Address:												
City:		State:	ZIP:									
3 LOCATE		4 DEPTH OF COM	IPLETED WEL	L:	ft. 5 Latitude:(decimal de					(decimal degrees)		
WITH "X" IN I			Encountered: 1) ft.			Longitude:(decimal degrees)						
SECTION BOX: 2) ft. 3			3) ft., or 4) ☐ Dry Well			Datum: WGS 84 NAD 83 NAD 27						
WELL'S STATIC WA			ATER LEVEL: ft.			Source for Latitude/Longitude:						
			, measured on (mo-		(,,,							
			, measured on (mo-day-yr)			(WAAS enabled? ☐ Yes ☐ No)						
Pump test data: Well w			s pumping gpm			☐ Land Survey ☐ Topographic Map						
			vater was ft.			☐ Online Mapper:						
CTT CT			s pumpinggpm									
Estimated Yield:			gpm			6 Elevation:ft. Ground Level TOC						
			in. to ft. and			Source: Land Survey GPS Topographic Map						
1 m			in. to	Other								
7 WELL WATER TO BE USED AS:												
1. Domestic:			ter Supply: well ID									
			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							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)												
		ATION OPENINGS A										
Continu						rilled Holes		ner (Specify	')			
		☐ Key Punched ☐ W				one (Open H		6 T		6	C.	
		ED INTERVALS: From								ft. to		
		CK INTERVALS: From										
		L: Neat cement									• • • • • • • • • • • • • • • • • • • •	
		e contamination:						II. to		It.		
Septic T		Lateral Line				Livestock Pe	ns	□In	secticide	Storage		
☐ Sewer L		☐ Cess Pool	Sewage		_	Fuel Storage			bandoned		Well	
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well												
Other (Specify)												
Direction from well? Distance from well?												
10 FROM	TO	LITHOLOG	GIC LOG	FR	OM	TO	LITHO	LOG (cor	it.) or PL	UGGIN	G INTERVALS	
				Not	es:							
11 CONTRACTORIC OR LANDOWNIERIC CERTIFICATION. THE SECOND TO SECOND TO SECOND THE SECOND												
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my inriediction 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.											
			Vater, Geology Section	n, 1000 SW	Jackson S	St., Suite 420,	Topeka,	Kansas 6661	2-1367. Т			
Visit us at ht	tp://www.kdhel	ks.gov/waterwell/index.html								KS	SA 82a-1212	