KOLAR Document ID: 1615544

<u> </u>				Division of Water				
<u> </u>		ge in Well Use		ources App. No		Well ID	- North -	
1 LOCATION OF V County:	VAIER WELL:	Fraction 1/4 1/4 1/4		ction Number	Township Numb	per Ran	nge Number □ E □ W	
2 WELL OWNER: 1		*	ıral Address 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:	G	710						
City: 3 LOCATE WELL	State:	ZIP:						
WITH "X" IN	4 DEPTH OF COMPLETED WELL:			t. 5 Latitu	5 Latitude:(decimal degrees)			
SECTION BOX:		Depth(s) Groundwater Encountered: 1) ft.			ude:			
N		3) ft., or 4) ☐			☐ WGS 84 ☐ NA		IAD 27	
		TER LEVEL:, measured on (mo-day-			for Latitude/Longitude S (unit make/model:		,	
NW NE		, measured on (mo-day-			(WAAS enabled?		,	
X	Pump test data: Well w			☐ Land Survey ☐ Topographic Map				
W E	after hours	s pumping	gpm	Online Mapper:				
SW SE		vater was f						
	after hours pumping gpm Estimated Yield:gpm			6 Elevation :ft. ☐ Ground Level ☐ TOC				
S	Bore Hole Diameter: in. to ft. and			Source: Land Survey GPS Topographic Map				
mile		in. to			Other			
7 WELL WATER TO BE USED AS:								
1. Domestic:	5. 🗌 Public Wa	ater Supply: well ID		10. ☐ Oil	Field Water Supply: 1	ease		
☐ Household		g: how many wells?		11. Test Hole: well ID				
Lawn & Garden		echarge: well ID						
☐ Livestock 2. ☐ Irrigation		g: well ID			12. Geothermal: how many bores?			
2. ☐ Irrigation 3. ☐ Feedlot	9. Environmental Remediation: well ID ☐ Air Sparge ☐ Soil Vapor Extraction				b) Open Loop Surface Discharge Inj. of Water			
4. ☐ Industrial	☐ Recovery	2Attaction		13. Other (specify):				
4. Industrial Recovery Injection 13. Other (specify):								
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 ft., Diameter ft., Diameter ft.								
Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No								
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., From ft. to ft.								
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft. to ft.								
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other								
Grout Intervals: From ft. to ft., From ft., From ft. to ft.								
	ole contamination: No					: 1 . 0.		
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage ☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well								
☐ 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? Distance from well?								
10 FROM TO	LITHOLOG	GIC LOG	FROM	TO 1	LITHO. LOG (cont.) o	r PLUGGIN	G INTERVALS	
			Notes:	<u>'</u>				
11. CONTENT CETODIC OR LANDOUNEDIC CERTIFICATION. THE STATE OF THE STA								
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 Co	ntractor's License No	This Wa	and ter Well Re	cord was com	pleted on (mo-day-v	ear)	ge and bellet.	
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 http://www.kdheks.gov/waterwell/index.html KSA 82a-1212								
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