KOLAR Document ID: 1591259

<u> </u>				vision of Water		W 11 ID		
Original Record		ge in Well Use		sources App. No.		Well ID	NY 1	
1 LOCATION OF	WATER WELL:	Fraction		ection Number	Township Numb		nge Number	
County:		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 direction from nearest town or intersection): If at owner's address, check here:								
Business: Address:			direction from	n nearest town or in	itersection): If at owner	i's address,	check here:	
Address:								
City:	State:	ZIP:						
3 LOCATE WELL	4 DEDENI OF COL	ADI EWED WELL		D =				
WITH "X" IN	4 DEPTH OF COM			,				
SECTION BOX:	BOX: Depth(s) Groundwater Encountered: 1)			Longitude:(decimal degrees)				
N	2) ft. 3) ft., or 4) \(\sqrt{Dry W} \) WELL'S STATIC WATER LEVEL: ft.				Datum: WGS 84 NAD 83 NAD 27			
	below land surface, measured on (mo-day-yr)				Source for Latitude/Longitude: GPS (unit make/model:)			
NW NE					(WAAS enabled? ☐ Yes ☐ No)			
NW NE	Pump test data: Well water wasft.				☐ Land Survey ☐ Topographic Map			
$ \mathbf{w} $	after hours pumping gpm			Online Mapper:				
	Well water was ft.							
SW SE	anci nours pumping gpm			6 Florestion:				
X					6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map			
S		in. to						
1 mile in. to ft.								
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID								
1. Domestic:				10. Oil Field Water Supply: lease				
☐ Household ☐ Lawn & Garden	<u> </u>							
	Livestock 8. Monitoring: well ID				12. Geothermal: how many bores?			
2. ☐ Irrigation	<u> </u>				a) Closed Loop Horizontal Vertical			
3. ☐ Feedlot					b) Open Loop Surface Discharge Inj. of Water			
4. ☐ Industrial	☐ Recovery			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								
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)								
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)								
SCREEN-PERFORATED INTERVALS: From ft., From ft., From ft., From ft., From ft.								
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft.								
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other								
Grout Intervals: From ft. to ft., From ft., From ft. to ft.								
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)								
10 FROM TO	LITHOLO		FROM		ITHO. LOG (cont.) or		GINTERVALS	
10 1 KOWI 10	LITHOLO	OLC LOG	1 KOW	10 1	11110. E00 (cont.) 01	LUCUIN	CHALLAND	
				+ +				
				+ +				
			Notes:					
	110005							
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)								
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. Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212								
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