KOLAR Document ID: 1591365

				ivision of Wate		W 11 ID		
Original Record		ge in Well Use		sources App. N		Well ID	NT 1	
1 LOCATION OF	WATER WELL:	Fraction		ection Number			nge Number	
County:		1/4 1/4 1/4		1 A 11	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 pearest town or intersection): If at owner's address, check here:								
Business: direction from nearest town or intersection): If at owner's address, check here:								
Address:								
City:	State:	ZIP:						
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:				ft   5 T a434	uda.		(1 : 11 )	
WITH "X" IN	Donth(s) Groundwater Engountered: 1)				,			
SECTION BOX:	2) ft. 3) ft., or 4) $\square$ Dry V				Longitude:			
N	WELL'S STATIC WATER LEVEL:				e for Latitude/Longitude		IAD 21	
	below land surface, measured on (mo-day-yr)				GPS (unit make/model:)			
X NW NE	NW NE above land surface, measured on (mo-day-yr)				(WAAS enabled? ☐ Yes ☐ No)			
X					☐ Land Survey ☐ Topographic Map			
w	E after hours pumping				Online Mapper:			
SW SE	Well water was ft. after hours pumping gpm							
	after hours pump Estimated Yield:gpr			6 Elevation:			1 Level □ TOC	
S		gpm in. to	ft and		Source: Land Survey GPS Topographic Map			
1 mile		in. to			Other			
7 WELL WATER TO BE USED AS:								
1. Domestic:		ater Supply: well ID	•••••	. 10. □ O	il Field Water Supply: 1	ease		
☐ Household		ng: how many wells?						
☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID								
☐ Livestock	☐ Livestock 8. ☐ Monitoring: well ID							
2.  Irrigation					a) Closed Loop    Horizontal    Vertical			
3. Feedlot	☐ Air Sparge ☐ Soil Vapor Extraction				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?								
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other								
Casing diameter								
Casing height above land surface								
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. to ft.								
GRAVEL PACK INTERVALS: From								
9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other								
Grout Intervals: From								
	sible contamination: No							
☐ 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)         Direction from well?         ft.								
10 FROM TO	LITHOLO		FROM		LITHO. LOG (cont.) o		CINTEDVALC	
IU FROM 10	LITHOLO	GIC LOG	FROM	10	LITHO. LOG (colit.)	IFLUGGIN	GINTERVALS	
				+				
			+	+				
				+ +				
				+				
			+	+ +				
			Notes:					
	110165.							
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.								
	and Environment, Bureau of Values, and Environment, Environment, Bureau of Values, and Environment, Bureau of Values, and		OU S W JACKS	лі эп., эшке 420,	торска, канѕаѕ 00012-13		SA 82a-1212	
vion as at mtp.//www.l	Concrete Sort water well/HIUCA.HUIII					177	02u 1212	