KOLAR Document ID: 1536004

				ivision of Wate		W 11 ID			
		ge in Well Use		sources App. N		Well ID	NY 1		
1 LOCATION OF	WATER WELL:	Fraction		ection Numbe			nge Number		
County:		1/4 1/4 1/4		1 A 11	T S		□ 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	OCATE WELL 4 DEPTH OF COMPLETED WELL:				.d		(1		
WITH "X" IN	Depth(s) Groundwater								
SECTION BOX:	1	2) ft. 3) ft., or 4) Dry W			Longitude: (decimal degrees) Datum: WGS 84 NAD 83 NAD 27				
N	WELL'S STATIC WATER LEVEL: ft				e for Latitude/Longitud		NAD 21		
	below land surface, measured on (mo-day-yr)				· GPS (unit make/model:)				
NW NE	above land surface, measured on (mo-day-yr)				(WAAS enabled? ☐ Yes ☐ No)				
	Pump test data: Well water was ft.			☐ La	☐ Land Survey ☐ Topographic Map				
w	after hours pumping gpm			□ O	Online Mapper:				
SW SE	Well v	Well water was ft. after hours pumping gpm							
	Estimated Yield:	gpm	6 Elevation :ft. ☐ Ground Level ☐ TOC						
S	Bore Hole Diameter:		ft and		Source: Land Survey GPS Topographic Map				
1 mile		in. to							
7 WELL WATER TO BE USED AS:									
1. Domestic:		ater Supply: well ID		. 10. □ Oi	l Field Water Supply:	lease			
☐ Household		g: how many wells?			11. Test Hole: well ID				
Lawn & Garden									
☐ Livestock	8. Monitorin		12. Geoth	12. Geothermal: how many bores?					
2. Irrigation	9. Environmental Remediation: well ID				a) Closed Loop				
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? ☐ Yes ☐ No									
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)									
☐ Continuous Stot ☐ Milit Stot ☐ Gauze Wrapped ☐ Total Cut ☐ Diffied Holes ☐ Other (Specify)									
SCREEN-PERFORATED INTERVALS: From 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									
	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	LITHOLOG		FROM		LITHO. LOG (cont.) o		C INTERVALE		
10 FROM 10	LITHOLOG	GIC LOG	FROM	10	LITHO. LOG (COIII.)	I FLUGGIN	UINTERVALS		
	+			+					
	+								
	+			+ +					
	_								
	+		+	+ +					
	+		Notes:	1					
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									
20 ac 200p.// 17 17 W.K						171			