KOLAR Document ID: 1473516

					on of Water		,	W 11 IID		
Original Record 1 LOCATION OF W		e in Well Use			ces App. No			Well ID	- Nonelson	
	AIEK WELL:	Fraction 1/4 1/4 1/4		Secu	on Number	Townsm	p Number S	R	ge Number □ E □ W	
County: 2 WELL OWNER: L	ost Nama:	First:		Ruro1	Address					
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:										
City:	State:	ZIP:		ı						
3 LOCATE WELL	L 4 DEPTH OF COMPLETED WELL:				5 Latitu	de:			(decimal degrees)	
WITH "X" IN SECTION BOX:	Depth(s) Groundwater I			Longitude:(decimal degrees)						
SECTION BOX: N	2) ft. 3		11	Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27						
	WELL'S STATIC WATER LEVEL:				Source for Latitude/Longitude:					
	below land surface, measured on (mo-day-yr). above land surface, measured on (mo-day-yr).				□GF)	
NW NE			• • • • • •	(WAAS enabled? ☐ Yes ☐ No)						
	Pump test data: Well wafterhours			☐ Land Survey ☐ Topographic Map						
E	Well w			Online Mapper:						
SW SE		pumpinggpm								
	Estimated Yield:				6 Elevation:ft. Ground Level TOC					
S	in. to ft. and			Source:						
1 mile in. to ft.										
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID										
1. Domestic:	5. Public Water Supply: well ID									
☐ Household ☐ Lawn & Garden				11. Test Hole: well ID						
Livestock	7. ☐ Aquifer Recharge: well ID				12. Geothermal: how many bores?					
2. ☐ Irrigation		al Remediation: well ID			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. 🔲 Oth	er (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 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										
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										
Nearest source of possibl										
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage										
Sewer Lines	Cess Pool	☐ Sewage La	goon		iel Storage		Abandone		Well	
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well										
☐ Other (Specify) Direction from well? ft.										
10 FROM TO	LITHOLOG		FROM					UGGIN	G INTERVALS	
10 1110111		510 20 0	11101	_	-10	2111101 200	(00111) 01 1 1	20 0 011 11	<u> </u>	
			1							
			1							
		Notes:								
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 at	id was completed on (m	no-day-year)		and thi	is record is	true to the b	est of my k	inowleds	ge and belief.	
under the business name	aractor's License No	I his Wa	uer well	kecor	u was com	pietea on (m	o-uay-year)	•••••	
ander the business name	Send one copy to WATER W	ELL OWNER and retain of	one for your	record	ls. Fee of \$5	00 for each cons	tructed well.		•••••	
KS Department of Health a	nd Environment, Bureau of W									
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212										