KOLAR Document ID: 1590236

<u> </u>				ivision of Wate	l l	W II ID			
1		ge in Well Use		sources App. N		→ Well ID	NY 1		
1 LOCATION OF	WATER WELL:	Fraction		ection Numbe	1		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	CATE WELL 4 DEPTH OF COMPLETED WELL:				.do.		(1 ' 11)		
WITH "X" IN		Depth(s) Groundwater Encountered: 1) ft.			,				
SECTION BOX:		2)ft. 3)ft., or 4) \square Dry We			Longitude:				
N	WELL'S STATIC WATER LEVEL: ft.				e for Latitude/Longitu		NAD 21		
	☐ below land surface			·· 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 water was ft.							
	after hours pumping gpm Estimated Yield:gpm			6 Elevation :ft. ☐ Ground Level ☐ TOC					
S		Bore Hole Diameter: in. to ft.			Source: Land Survey GPS Topographic Map				
mile	in. to ft.				Other				
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					☐ Cased ☐ Uncased ☐ Geotechnical				
☐ Livestock	8. Monitorin			12. Geothermal: how many bores?					
2. Irrigation	9. Environmenta) Extraction	a) Closed Loop Horizontal Vertical						
3. Feedlot	☐ Air Sparge		b) Open Loop						
	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 JOINTS: ☐ Glued ☐ Clamped ☐ Welded ☐ Threaded									
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 ☐ Mili Stot ☐ Gauze Wrapped ☐ Totch 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.									
9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other.									
Grout Intervals: From									
	ble 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)									
10 FROM TO	LITHOLOG		FROM		LITHO. LOG (cont.)		NC INTERVALE		
IU FROM 10	LITHOLOG	GIC LOG	FROM	10	LITHO. LOG (COIII.)	oi FLUGGII	MINIERVALS		
			1						
				+ +					
			+	+ +					
			Notes:	1					
	1106651								
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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