KOLAR Document ID: 1585573

					Division of Water					
		Fraction		sources App. Nection Numbe		arrachin Numb	Well ID	aca Mumban		
1 LOCATION OF WATER WELL: County:		Fraction 1/4 1/4 1/4		ction numbe	21 1	ownship Numbe T S	er Range Number R DEDW			
2 WELL OWNER	• Lact Name:			treet or Rural Address where well is located (if unknown, dista						
Business: direction from nearest town or intersection): If at owner's address, check here:										
Address:										
Address:	Q	7770								
City:	State:	ZIP:								
3 LOCATE WELL WITH "X" IN					ft. 5 Latitude :(decimal degrees)					
SECTION BOX:					Longitude:(decimal degrees)					
N	N 2) ft. 3) ft., or 4) \square Dry				ll 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)				_ == = (
NWNE	Pump test data: Well w		 ··· (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map 							
w	E afterhours		☐ Online Mapper:							
' '		Well water was ft.				Clinic Mapper				
SW SE		after hours pumping gpm			(Florestions C. C. walls at E.T.C.					
L	Estimated Yield:					6 Elevation:ft. ☐ Ground Level ☐ TOC				
S		in. to								
- III. W II.										
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID										
☐ Household		6. Dewatering: how many wells?								
☐ Lawn & Garden					11. Test Hole: well ID Geotechnical					
☐ Livestock	8. Monitorin			12. Geothermal: how many bores?						
2. ☐ Irrigation	9. Environment)	a) Closed Loop							
3. ☐ Feedlot	☐ Air Sparge	Extraction		b) Open Loop Surface Discharge Inj. of Water						
4. Industrial	☐ Recovery	☐ Injection		13. 🔲 Ot	ther (sp	ecify):				
Was a chemical/bacteriological sample submitted to KDHE? \(\subseteq \text{Yes} \) 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 in. Weight lbs./ft. Wall thickness or gauge No.										
TYPE OF SCREEN OR PERFORATION MATERIAL:										
☐ 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										
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other										
Grout Intervals: From										
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)										
Direction from well? Distance from well?						ft.				
10 FROM TO	LITHOLO		FROM			D. LOG (cont.) or		G INTERVALS		
			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 and was completed on (mo-day-year)										
under the business na	me 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 <u>http://www.k</u>	dheks.gov/waterwell/index.html						K	SA 82a-1212		