KOLAR Document ID: 1599022

						sion of Water	I		W 11 ID			
Original Record		Change in Well Use				irces App. No		NT 1	Well ID	NY 1		
1 LOCATION O		Fraction			ion Number		Township Number		Range Number			
County:	1/4 1/4	1/4		<u> </u>	1 4 1 1	<u>T</u>	S	R	□ E □ W			
2 WELL OWNER: Last Name: First: Street or Rural Address where												
Business: direction from nearest town or intersection): If at owner's address, check here:												
Address:												
City:	State:	ZIP:										
3 LOCATE WELI	4 DEPEN OF	COMPLETED IV			C.		_					
WITH "X" IN	WITH "X" IN 4 DEPTH OF COMPLETED WELL:						,					
SECTION BOX:	SECTION BOX: Depth(s) Groundwater Encountered: 1)					Longitude:						
2) ft. 3) ft., or 4) \(\subseteq DELL'S STATIC WATER LEVEL:					П				83 ∐ N	AD 27		
below land surface, measured on (mo-day-yr).							for Latitude/L			`		
above land surface, measured on (mo-day-y												
NW NE	Pump test data: Well water wasft.					☐ Land Survey ☐ Topographic Map						
w H						Online Mapper:						
	V	Vell water was	vater was ft.			••						
SW SE		pumping gpm			6 Florestion: 4 C. C. T.							
	gpm				6 Elevation:							
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:		c Water Supply: wel										
Household	atering: how many w				11. Test Hole: well ID							
☐ Lawn & Garder ☐ Livestock			echarge: well ID				☐ Cased ☐ Uncased ☐ Geotechnical					
2. ☐ Irrigation	<u> </u>											
3. ☐ Feedlot						b) Open Loop Surface Discharge Inj. of Water						
4. ☐ Industrial	Reco	_	_	Datruction								
4. Industrial Recovery Injection 13. Other (specify):												
Water well disinfected? \square Yes \square No												
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other												
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 ft. to 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.												
	m ft. to											
	ssible contamination:											
☐ Septic Tank	☐ Lateral					ivestock Pen	ıs [] Insectici	de Storage			
☐ Sewer Lines	☐ Cess P			igoon		Fuel Storage	_] Abandor	ned Water V	Well		
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well												
	☐ Other (Specify)											
			from w						DI HOODI	G D ITTED I I I G		
10 FROM TO	LITHO	DLOGIC LOG		FRON	1	TO I	LITHO. LOG	(cont.) or I	PLUGGING	G INTERVALS		
					-+							
					-+							
				**								
				Notes:								
11 00 100 100	DIG OD I ANDOMY	EDIG GEDWING	A MEAS	T m:			1	_				
II CONTRACTO	R'S OR LANDOWN	EK'S CERTIFICA	ATION	N: This w	ater	well was	constructed	, ∐ recor	istructed,	or \square plugged		
Kansas Water Wall	on and was completed of Contractor's License N	лі (шо-uay-year) Jo т	hie W		uiu (l Reco	ins record is	nleted on (m	est of my	ar) ar)	ge and bener.		
under the husiness	name of	1	8111	aici WEII		nu was coll	picica on (II	o-uay-yea	м)			
ander the business	Send one copy to WAT	ER WELL OWNER an	d retain	one for your	recor	ds. Fee of \$5.0	00 for each cons	tructed well	<u> </u>	•••••		
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	<u>.html</u>							KS	SA 82a-1212		