KOLAR Document ID: 1587577

WAIER	Division of Water												
			e in Well Use	1		irces App. N		1 X		Well ID	N1		
1 LOCATION OF WATER WELL: County:			Fraction 1/4 1/4 1/4	4 1/4	Section Number			Township Number		Range Number R □ E □ W			
•		agt Nama	First:		treet or Rural Address where well is located (if unk								
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:												
Address:													
City:		State:	ZIP:			1							
	3 LOCATE WELL WITH 657 IN 4 DEPTH OF COMPLETED WELL:						ft. 5 Latitude:(decimal degrees)						
WITH " SECTIO			Encountered: 1) ft.			Longitude:							
SECTIO N		2) ft. 3	3) ft., or 4) 🗌 Dry Well			Datum: WGS 84 NAD 83 NAD 27							
WELL'S STATIC WA			TER LEVEL:		Source for Latitude/Longitude:								
			ace, measured on (mo-day-yr)			Si S (unit initiale) insecti							
			, measured on (mo-day-yr)			(WAAS enabled? ☐ Yes ☐ No)							
Pump test data: Well w			s pumping gpm			☐ Land Survey ☐ Topographic Map							
Well			vater was ft.			☐ Online Mapper:							
			s pumping gpm										
Estimated Yield:			gpm			6 Elevation:ft. ☐ Ground Level ☐ TOC							
			in. to ft. and			Source: Land Survey GPS Topographic Map							
1 r			in. to		Other								
7 WELL WATER TO BE USED AS:													
1. Domestic:			ter Supply: well ID										
			g: how many wells?		11. Test Hole: well ID								
			echarge: well ID		☐ Cased ☐ Uncased ☐ Geotechnical								
<del>_</del>			g: well ID		12. Geothermal: how many bores?								
2. ☐ Irrigation 9. Environmenta 3. ☐ Feedlot ☐ Air Sparge			al Remediation: well ID			a) Closed Loop ☐ Horizontal ☐ Vertical 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:													
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded													
Casing diameter in. to													
Casing height above land surface in. Weight													
TYPE OF SCREEN OR PERFORATION MATERIAL:													
☐ Steel													
☐ Brass													
SCREEN OR PERFORATION OPENINGS ARE:													
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)													
		☐ Key Punched ☐ W				ne (Open H							
		ED INTERVALS: From								ft. to			
		CK INTERVALS: From											
		L: ☐ Neat cement ☐											
		ft. to					• • • • • • • • • • • • • • • • • • • •	ft. to .		ft.			
Nearest sou  ☐ Septic		e contamination: No Lateral Line		ntaminatioi		in 200 ft. Livestock Pe	***	П т.	agaatiaid	Storage			
☐ Septic		Cess Pool	Sewage La	agoon	_					e Storage d Water V	Wall		
	ight Sewer Lin	<u> </u>	☐ Feedyard			ertilizer Sto				Gas Well	/V CII		
Other (Specify)													
Direction fro						ft.							
10 FROM	TO	LITHOLOG	GIC LOG	FRO	M	TO	LITH	O. LOG (co	nt.) or PI	LUGGIN(	G INTERVALS		
				Notes	:								
44. GOVERN GEORGE OF A AND OVERNE GEORGE OF THE COLUMN TO A SECOND OF													
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged													
Kansas Wa	urisuiction ar ter Well Con	iu was completed on (m	io-day-year)	ater Wall	ana th	iis record 1	is true	to the best	oi my k	nowied8	ge and benef.		
under my jurisdiction and was completed on (mo-day-year)													
Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.													
	nent of Health a	nd Environment, Bureau of W											
Visit us at h	ttp://www.kdhe	ks.gov/waterwell/index.html								KS	A 82a-1212		