KOLAR Document ID: 1635264

				vision of Water		W 11 ID			
Original Record		ge in Well Use		sources App. No		Well ID	N. 1		
1 LOCATION OF	WATER WELL:	Fraction		ection Number	Township Numb	l l	nge Number		
County:	<b>.</b>	1/4 1/4 1/4		1 A 1.1	T S	R	□ 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 4 DEPTH OF COMPLETED WELL:				ft. <b>5 Latitude</b> :(decimal degrees)					
WITH "X" IN	Depth(c) Groundwater Encountered: 1)				,				
SECTION BOX:	SECTION BOA: (1) ft or 4) $\square$ Dev				Longitude:				
WELL'S STATIC WATER LEVEL:					for Latitude/Longitude		AD 21		
below land surface, measured on (mo-day-yr)					GPS (unit make/model:)				
above land surface, measured on (mo-day-yr)					(WAAS enabled? ☐ Yes ☐ No)				
	Pump test data: Well water was ft.			☐ Land Survey ☐ Topographic Map					
w					☐ Online Mapper:				
Well water was ft. after hours pumping g									
	Estimated Yield:		gpm	6 Elevati	6 Elevation:ft. ☐ Ground Level ☐ TOC				
S		gpm in. to	ft and		Source:				
1 mile		in. to			Other				
7 WELL WATER TO BE USED AS:									
1. Domestic:		ater Supply: well ID		10. □ Oil 1	Field Water Supply: 16	ease			
☐ Household									
Lawn & Garden	echarge: well ID			☐ Cased ☐ Uncased ☐ Geotechnical					
☐ Livestock 8. ☐ Monitoring: well ID				· · · · · · · · · · · · · · · · · · ·					
2. Irrigation 9. Environmental Remediation: well ID									
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extract					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?  Yes No									
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other									
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 ☐ Milit 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., From ft., From ft., From ft. to ft.									
9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other.									
Grout Intervals: From									
	ssible 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)         Direction from well?         ft.									
10 FROM TO	LITHOLO		FROM		π. .ITHO. LOG (cont.) or		CINTEDVALC		
IU FROM TO	LITHOLO	GIC LOG	FROM	10 1	ATHO. LOG (cont.) of	FLUGGIN	GINTERVALS		
				+					
				+					
	+		+	+					
				+					
				+					
			Notes:	1 1					
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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> KSA 82a-1212									
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