KOLAR Document ID: 1588492

				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:		1/4 1/4 1/4		1 4 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								
Business: Address: direction from nearest town or intersection): If at owner's address, check here:								
Address:								
City:	State:	ZIP:						
3 LOCATE WELL	4 DEPEN OF CO.							
WITH "X" IN	4 DEPTH OF COMPLETED WELL:				,			
SECTION BOX:	Depth(s) Groundwater Encountered: 1)				Longitude: (decimal degrees) Datum: WGS 84 NAD 83 NAD 27			
N	WELL'S STATIC WA					NAD 27		
	□ below land surface, measured on (mo-day-yr)				or <u>Latitude/Longitude</u> { (unit make/model:		`	
NW NE	above land surface, measured on (mo-day-yr)				(WAAS enabled?		,	
X	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map			
$ \mathbf{w} $	E after hour		Online Mapper:					
CW CE	Well water was ft.							
SW SE	SW SE after hours pumping				an. fe	П Стоит	Havel D.TOC	
	Estimated Yield:				6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map			
S		in. to			Other			
1 mile III. to II.								
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID								
 Domestic: Household 				10. Oil Field Water Supply: lease				
	☐ Household 6. ☐ Dewatering: how many wells?							
Livestock 8. Monitoring: well ID				12. Geothermal: how many bores?				
2. ☐ Irrigation	<u> </u>				a) Closed Loop Horizontal Vertical			
3. ☐ Feedlot					b) Open Loop Surface Discharge Inj. of Water			
4. Industrial	☐ Recovery				r (specify):			
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:								
Water well disinfected? \square Yes \square No								
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded								
Casing diameter in. to								
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)								
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)								
SCREEN-PERFORATED INTERVALS: From ft. to 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 ft. to ft., 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) □ Other (Specify)								
Direction from well? ft.								
10 FROM TO	LITHOLO		FROM		ITHO. LOG (cont.) or		G INTERVALS	
		-			() 01			
				†				
				+ +				
			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 Burgay of Water Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.								
	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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