KOLAR Document ID: 1586195

				Division of Water				
<u> </u>		ge in Well Use		sources App. N		Well ID	- North -	
1 LOCATION OF WATER WELL: County:		Fraction 1/4 1/4 1/4 1/4		ection Number	Township Numb		Range Number R □ E □ W	
2 WELL OWNER: La		1	urol Addross v					
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:								
City:	State:	ZIP:						
3 LOCATE WELL	4 DEPTH OF COMPLETED WELL:			ft. 5 Latitude:(decimal degrees)				
WITH "X" IN SECTION BOX:	Depth(s) Groundwater Encountered: 1) ft.				Longitude:(decimal degrees)			
N		3) ft., or 4)			: □ WGS 84 □ NA			
		TER LEVEL:		Source for Latitude/Longitude:				
	☐ below land surface, measured on (mo-day-yr) ☐ above land surface, measured on (mo-day-yr)				— (,,,,,,,,,,,			
NW NE	Pump test data: Well w				· (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map			
W E		s pumping		☐ Online Mapper:				
		vater was ft			mme wapper			
SW SE	after hours pumping gpm			(Floretion:				
	Estimated Yield:gpm			6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map				
S	Bore Hole Diameter: in. to ft. and			Other				
1 mile in. to ft. Uother								
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID								
1. Domestic: ☐ Household				11. Test Hole: well ID				
☐ Lawn & Garden	6. ☐ Dewatering: how many wells?			☐ Cased ☐ Uncased ☐ Geotechnical				
Livestock		g: well ID			12. Geothermal: how many bores?			
2. Irrigation	9. Environmenta	al Remediation: well ID			a) Closed Loop _ Horizontal Uvertical			
3. ☐ Feedlot	Air Sparge	_	Extraction		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?								
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ☐ Threaded								
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)								
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)								
SCREEN-PERFORATED INTERVALS: From ft., From ft., From ft., From ft., From 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								
					ns 🗆 Inspeti	aida Staraga		
☐ 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?								
10 FROM TO	LITHOLOG	GIC LOG	FROM	TO	LITHO. LOG (cont.) o	r PLUGGIN	G INTERVALS	
				1				
			1	 				
			1					
			Note:	1 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 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 http://www.kdheks.gov/waterwell/index.html KSA 82a-1212							