KOLAR Document ID: 1569189

<u> </u>				Division of Water					
Original Record		ge in Well Use		sources App. No		Well ID	N		
1 LOCATION OF WATER WELL: County:		Fraction				Fownship Number $\begin{array}{c c} Fownship Number & Range Number \\ T & S & R & \square E \square W \end{array}$			
2 WELL OWNER)	First:	1	urol Addross w					
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	/LINEPTH ()E (TIMIPLE TELL WELL •				ft. 5 Latitude :(decimal degrees)				
WITH "X" IN SECTION BOX:					Longitude:(decimal degrees)				
N	N 2) ft. 3) ft., or 4) \square Dry				Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27				
WELL'S STATIC WATER LEVEL:					Source for Latitude/Longitude:				
below land surface, measured on (mo-day-yr) above land surface, measured on (mo-day-yr)					— ~ (,,,,,,,,,,,,,,,,,				
NW XE	Pump test data: Well water was ft.				· (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map				
w H	E after hours pumping				Online Mapper:				
	Well water was ft.				me mapper				
SW SE	after hours pumping			6 Elevation:ft. ☐ Ground Level ☐ TOC					
	Estimated Yield:								
S 1 mile		in. to			Source:				
7 WELL WATER TO BE USED AS:									
7. WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID									
☐ Household		ng: how many wells?			11. Test Hole: well ID				
☐ Lawn & Garden ☐ Aquifer Recharge: well ID									
☐ Livestock					12. Geothermal: how many bores?				
2. Irrigation					a) Closed Loop Horizontal Vertical				
3. ☐ Feedlot					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:									
Water well disinfected? No									
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded									
Casing diameter									
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									
GRAVEL PACK INTERVALS: From									
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other									
Grout Intervals: 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		_		—	oned Water			
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well									
☐ Other (Specify)									
							Chimebrata		
10 FROM TO	LITHOLO	GIC LOG	FROM	TO L	ITHO. LOG (cont.) or	PLUGGIN	GINTERVALS		
				+					
				1					
			Notes:	<u> </u>	•				
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)									
Kansas Water Well Contractor's License No									
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									