KOLAR Document ID: 1422071

□ Original Record □ Correction □ Change in Well Use						Division of Water						
			e in Well Use			esources Ap		TD 1. 1		Well ID	NIl	
1 LOCATION OF WATER WELL:			Fraction 1/4 1/4 1/4 1/4			ection Nu	mber	Township Number T S			Range Number R □ E □ W	
County:  2 WELL OWNER: Last Name:			First:			urol Addr	ral Address where well is located (if unknown, distance and					
Business: direction from nearest town or intersection): If at owner's address, check here:												
Address:	Address:											
Address:												
City:		State:	ZIP:			1						
3 LOCATE	IPLETED WEL	L:		ft. <b>5 Latitude</b> :(dec.					(decimal degrees)			
WITH "X" IN			Encountered: 1) ft.				Longitude:(decimal degrees)					
N 2) ft. 3			3) ft., or			Datum: WGS 84 NAD 83 NAD 27						
WELL'S STATIC				So	Source for Latitude/Longitude:							
	X	below land surface,				<b>—</b> (,,,,,,,,,,,						
			, measured on (mo-day-yr)				(					
Pump test data: Well w			s pumping gpm				☐ Land Survey ☐ Topographic Map					
			vater was ft.			l l	☐ Online Mapper:					
			rs pumping gpm									
			timated Yield:gpm				6 Elevation:ft. ☐ Ground Level ☐ TOC					
S		Bore Hole Diameter:	Hole Diameter: in. to ft. and				Source:					
1 mi			in. to ft.				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 g: well ID				☐ Cased ☐ Uncased ☐ Geotechnical  12. Geothermal: how many bores?					
;			al Remediation: well ID				a) Closed Loop   Horizontal   Vertical					
3. ☐ Feedlot ☐ Air Sparge							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? $\square$ 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 in. Weight												
TYPE OF SCREEN OR PERFORATION MATERIAL:												
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)												
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)												
		ATION OPENINGS A										
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)												
		☐ Key Punched ☐ W				None (Op				<b>C</b>	C	
		ED INTERVALS: From								ft. to		
		CK INTERVALS: From										
		L: Neat cement									• • • • • • • • • • • • • • • • • • • •	
		ft. toe contamination:	π., From	п.	ю	II., F	rom	It. to		п.		
Septic T		Lateral Line	s 🔲 Pit Priv	/ <b>X</b> /	г	Livestoc	k Pens	П	nsecticide	Storage		
Sewer L		☐ Cess Pool	Sewage □ Sewage			☐ Fuel Sto				d Water V	Well	
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well												
Other (S	pecify)											
Direction from well? Distance from well												
10 FROM	TO	LITHOLOG	GIC LOG		FROM	TO	LI	THO. LOG (co	nt.) or PI	<u>LUGGIN</u>	G INTERVALS	
							_					
					NT 4							
					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 <u>constructed</u> 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.												
			Vater, Geology Section	n, 1000	SW Jackso	on St., Suite	420, Top	eka, Kansas 666	12-1367.			
Visit us at htt	p://www.kdhel	ks.gov/waterwell/index.html								KS	A 82a-1212	