KOLAR Document ID: 1379835

| WATER WELL | ivision of Water | | W 11 ID | | | | | |
|--|---|--------------------------------------|------------|---|--|------------|------------|--|
| <u> </u> | | ge in Well Use | | sources App. No | | Well ID | N. 1 | |
| 1 LOCATION OF | WATER WELL: | Fraction | | ection Number | 1 | | nge Number | |
| County: | | 1/4 1/4 1/4 | 1/4 C4 | 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 nearest 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 | CATE WELL 4 DEPTH OF COMPLETED WELL: | | | ft. 5 Latitude:(decimal degrees) | | | | |
| WITH "X" IN | | Depth(s) Groundwater Encountered: 1) | | | , | | | |
| SECTION BOX: | | 2) ft. 3) ft., or 4) \square Dry V | | | Longitude: | | | |
| N | | TER LEVEL: | | | for Latitude/Longitude | | AD 21 | |
| | | , measured on (mo-day- | | | S (unit make/model: | | | |
| NWX NE | | , measured on (mo-day- | | | (WAAS enabled? ☐ Yes ☐ No) | | | |
| | | vater was ft | | ☐ Land Survey ☐ Topographic Map | | | | |
| W E | | s pumping | | ☐ On | Online Mapper: | | | |
| SW SE | Well water was ft. | | | | | | | |
| | after hours pumping gpm Estimated Yield:gpm | | | 6 Elevation:ft. ☐ Ground Level ☐ TOC | | | | |
| S | Bore Hole Diameter: | ft and | | Source: Land Survey GPS Topographic Map | | | | |
| mile | in. toft. | | | | Other | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | |
| 1. Domestic: | | ater Supply: well ID | | . 10. □ Oil | Field Water Supply: 16 | ease | | |
| ☐ Household | | ng: how many wells? | | | 11. Test Hole: well ID | | | |
| ☐ Lawn & Garden | | | | | | | | |
| ☐ Livestock | 8. Monitorin | | 12. Geothe | 12. Geothermal: how many bores? | | | | |
| 2. Irrigation | 9. Environmental Remediation: well ID | | | | a) Closed Loop | | | |
| 3. Feedlot | ☐ Air Sparge ☐ Soil Vapor Extraction | | | | 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? Yes No | | | | | | | | |
| 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 ☐ Fiberglass ☐ PVC ☐ Other (Specify) | | | | | | | | |
| 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. to ft. | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | |
| Grout Intervals: From | | | | | | | | |
| Nearest source of possible contamination: | | | | | | | | |
| ☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage | | | | | | | | |
| Sewer Lines | Cess Pool | Sewage Lag | | Fuel Storage | | oned Water | | |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | | |
| ☐ Other (Specify) Direction from well? ft. | | | | | | | | |
| 10 FROM TO | LITHOLOG | | FROM | | LITHO. LOG (cont.) or | | GINTERVALS | |
| TO TROM | EITHOLOG | ole Loo | TROM | 10 | EITHO. LOG (cont.) of | LUGGIIV | GIVIERVILD | |
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| | | | Notes: | <u> </u> | ' | | | |
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| | | | | | | | | |
| 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 | | | | | | | | |
| under the business name of | | | | | | | | |
| 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 | | | | | | | | |