KOLAR Document ID: 1493157

| □ Original Record □ Correction □ Change in Well Use | | | | | | Division of Water | | | | | | |
|--|--|--------------------------|------------------------------------|---------------|--|--|---|---------------------------------------|------------------------|--|--|--|
| | | | e in Well Use | | | urces App. N | | | Well ID | NII | | |
| 1 LOCATION OF WATER WELL: County: | | | Fraction 1/4 1/4 | 1/4 1/4 | | tion Number | r Township T | S Number | Range Number R □ E □ W | | | |
| • | | agt Nama | First: | | | al Addrace s | | | | | | |
| 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: | | | 1 | | | | | | |
| | 3 LOCATE WELL 4 DEPTH OF COMPLETED WELL: | | | | | | ft. 5 Latitude:(decimal degrees) | | | | | |
| WITH " | | | Encountered: 1) ft. | | | Longitude:(decimal degrees) | | | | | | |
| | | | 3) ft., or 4) 🗌 Dry Well | | | | : 🗆 WGS 84 | | | | | |
| WELL'S STATIC | | | TER LEVEL: | | | Source for Latitude/Longitude: | | | | | | |
| ' | l l | below land surface, | | | Grade management of the control of t | | | | | | | |
| above land surface | | | | | • | | (WAAS enabled? Yes No) | | | | | |
| Pump test data: Well w | | | s pumping gpm | | | ☐ Land Survey ☐ Topographic Map ☐ Online Mapper: | | | | | | |
| Well | | | water was ft. | | | | | | | | | |
| | | | ırs pumpinggpm | | | | | | | | | |
| | | Estimated Yield: | stimated Yield:gpm | | | | 6 Elevation:ft. ☐ Ground Level ☐ TOC | | | | | |
| | S | | ore Hole Diameter: in. to ft. and | | | | Source: ☐ Land Survey ☐ GPS ☐ Topographic Map ☐ Other | | | | | |
| 1 n | | | in. to | ft. | | | ☐ Other | · · · · · · · · · · · · · · · · · · · | | | | |
| 7 WELL WATER TO BE USED AS: 1. Domestic: 5. ☐ Public Water Supply: well ID | | | | | | | | | | | | |
| 1. Domestic: | | | ter Supply: well ID | | | | | | | | | |
| | | | g: how many wells?echarge: well ID | | | 11. Test Hole: well ID | | | | | | |
| | | | g: well ID | | | 12. Geothermal: how many bores? | | | | | | |
| | | | al Remediation: well ID | | | a) Closed Loop | | | | | | |
| 3. ☐ Feedlot ☐ Air Sparge | | | | | | b) Open Loop Surface Discharge Inj. of Water | | | | | | |
| 4. 🗌 Industr | rial | ☐ Recovery | ☐ Injection | 1 | | 13. Other (specify): | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? \(\subseteq \text{Yes} \) \(\subseteq \text{No} \) If yes, date sample was submitted: | | | | | | | | | | | | |
| Water well disinfected? ☐ Yes ☐ No | | | | | | | | | | | | |
| 8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other | | | | | | | | | | | | |
| Casing diameter in. to ft., Diameter ft., Diameter ft. | | | | | | | | | | | | |
| Casing height above land surface in. Weightlbs./ft. Wall thickness or gauge No | | | | | | | | | | | | |
| 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) | | | | | | | | | | | |
| ☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) | | | | | | | | | | | | |
| | | | | | | | | rom | ft. to | ft. | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other | | | | | | | | | | | | |
| | | ft. to | | | | | | | | | | |
| Nearest sou | rce of possible | e contamination: No | potential source of | contaminat | | | | | | | | |
| ☐ Septic ' | | ☐ Lateral Line | | | | Livestock Per | | Insecticid | | | | |
| ☐ Sewer l | | Cess Pool | Sewage | | | Fuel Storage | | Abandone | | Well | | |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | | | | | | |
| ☐ Other (Specify) | | | | | | | | | | | | |
| 10 FROM | TO | LITHOLOG | | | OM | | | | LUGGIN | G INTERVALS | | |
| 10 1110111 | 10 | | 310 20 0 | | 0111 | 10 | 211110, 200 (| 201111) 01 1 1 | 300011 | O II (I I I I I I I I I I I I I I I I I | | |
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| | | | | Note | es: | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 11 CONT | RACTOR'S | OR LANDOWNER'S | S CERTIF <u>ICATI</u> | ION: This | water | well was |] constructed, | recons | tructed, | or plugged | | |
| under my jurisdiction and was completed on (mo-day-year) | | | | | | | | | | | | |
| Kansas Wa | ier Well Con | etractor's License No | This | water We | н кес | ora was con | ipieted on (mo | aay-yeai |) | ••••• | | |
| under the D | usiness name | Send one copy to WATER W | ELL OWNER and ret | ain one for v | our reco | rds. Fee of \$5 | .00 for each constr | ructed well | | | | |
| KS Departn | | | | | | | | | Telephone | | | |
| | 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 | | | | | | | | | | | |