KOLAR Document ID: 1455673

| <u> </u> | | | | Division of Water | | | | |
|---|---|--------------------------|--------|--|--|---------|----------------|--|
| <u> </u> | | ge in Well Use | | ources App. No | | Well ID | - North - | |
| 1 LOCATION OF WATER WELL: County: | | Fraction 1/4 1/4 1/4 1/4 | | ction Number | Township Numb | | Range Number R | |
| 2 WELL OWNER: 1 | agt Nama | <u> </u> | - | ıral Address 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 WITH "X" IN | 1 /1 118 PT H (18 (T1M) PT B T B 11 W/ B 1 T • | | | ft. 5 Latitude :(decimal degrees) | | | | |
| SECTION BOX: | Depth(s) Groundwater Encountered: 1) ft. | | | Longitude:(decimal degrees) | | | | |
| N | 2) ft. 3) ft., or 4) ☐ Dry We | | | | ☐ WGS 84 ☐ NA | | | |
| | WELL'S STATIC WATER LEVEL: ft. | | | Source for Latitude/Longitude: | | | | |
| ' ' | below land surface, measured on (mo-day-yr) | | | Grant manner modern | | | | |
| NW NE | Pump test data: Well water was ft. | | | · (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map | | | | |
| W E | after hours pumping gpm | | | Online Mapper: | | | | |
| | Well w | Well water was ft. | | | | | | |
| SW SE | after hours pumping gpm | | | 6 Elevation:ft. ☐ Ground Level ☐ TOC | | | | |
| | Estimated Yield:gpm | | | | Source: Land Survey GPS Topographic Map | | | |
| S mile | Bore Hole Diameter: in. to ft. and in. to ft. | | | Other | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | |
| 1. Domestic: | | ater Supply: well ID | | 10. □ Oil | Field Water Supply: 10 | 2856 | | |
| ☐ Household | | g: how many wells? | | | 11. Test Hole: well ID | | | |
| ☐ Lawn & Garden | | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | | |
| ☐ Livestock | 8. Monitoring: well ID | | | | 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? No | | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other | | | | | | | | |
| Casing height above land surface in. Weight | | | | | | | | |
| 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 ft to ft From ft From ft to ft From ft From ft to ft From | | | | | | | | |
| Grout Intervals: From | | | | | | | | |
| Septic Tank | | | | | | | | |
| ☐ 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? ft. | | | | | | | | |
| 10 FROM TO | LITHOLOG | | FROM | | It LITHO. LOG (cont.) or | | CINTEDVALS | |
| IU I'KOM IO | LITHOLOG | JIC LOG | TROM | 10 | LITTIO. LOG (colit.) of | LUGGIN | O INTERVALS | |
| | | | 1 | | | | | |
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| | | | Notes: | | | | | |
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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) | | | | | | | | |
| 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 | | | | | | | | |