KOLAR Document ID: 1376924

| | | | | ivision of Water | | W 11 ID | | | |
|---|---|--|--------------------------------------|---|--|---------|--------------|--|--|
| | | ge in Well Use | | sources App. No | | Well ID | N. 1 | | |
| 1 LOCATION OF | WATER WELL: | Fraction | 1/4 Se | ection Number | | | nge Number | | |
| County: | | | 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: | | | | | | | | | |
| Address: | | | | | | | | | |
| Address: | | | | | | | | | |
| City: | State: | ZIP: | | | | | | | |
| 3 LOCATE WELL | 1 /L DEPTH OR COMPLETED WELL. | | | | ft. 5 Latitude :(decimal degrees) | | | | |
| WITH "X" IN | | Depth(s) Groundwater Encountered: 1) | | | Longitude: | | | | |
| SECTION BOX: N | 2) ft. 3) ft., or 4) \square Dry | | | Datum: WGS 84 NAD 83 NAD 27 | | | | | |
| 11 | WELL'S STATIC WATER LEVEL: | | | | for Latitude/Longitude | | (110 2) | | |
| | | , measured on (mo-day- | | □ GF | GPS (unit make/model:) | | | | |
| NW NE | above land surface, measured on (mo-day-yr) | | | | (************************************** | | | | |
| | Pump test data: Well water wasft. | | | | ☐ Land Survey ☐ Topographic Map | | | | |
| W | | after hours pumping gpm Well water was ft. | | | ☐ Online Mapper: | | | | |
| SW SE | | after hours pumping gpm | | | | | | | |
| | Estimated Yield: | 5r | 6 Elevation:ft. ☐ Ground Level ☐ TOC | | | | | | |
| S | Bore Hole Diameter: | . ft. and | Source | Source: Land Survey GPS Topographic Map | | | | | |
| 1 mile | | in. to | ft. | | Other | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | |
| 1. Domestic: | | ater Supply: well ID | | | Field Water Supply: 1 | | | | |
| Household | | 6. Dewatering: how many wells? | | | 11. Test Hole: well ID | | | | |
| ☐ Lawn & Garden☐ Livestock | _ 1 & | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | | | |
| 2. ☐ Irrigation | 8. ☐ Monitoring: well ID 9. Environmental Remediation: well ID | | | | 12. Geothermal: how many bores? | | | | |
| 3. ☐ Feedlot | ☐ Air Sparge ☐ Soil Vapor Extracti | | | | b) Open Loop Surface Discharge Inj. of Water | | | | |
| 4. ☐ Industrial | | | | | 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 lbs./ft. Wall thickness or gauge No | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | |
| ☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify) | | | | | | | | | |
| ☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ 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 ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage | | | | | | | | | |
| ☐ 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) | | | | | | | | | |
| | | | | | | | C DITEDUAL C | | |
| 10 FROM TO | LITHOLOG | GIC LOG | FROM | TO 1 | LITHO. LOG (cont.) or | PLUGGIN | GINTERVALS | | |
| | | | | | | | | | |
| | <u> </u> | | | | | | | | |
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| | | | Notes: | | | | | | |
| | 110603 | | | | | | | | |
| | | | | | | | | | |
| 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 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 | | | | | | | | | |
| | | | | | | - L. | | | |