KOLAR Document ID: 1536299

| | | | | | Division of Water | | | | |
|--|---|------------------------------------|--|--|---|---|---|--|--|
| <u> </u> | | ge in Well Use | | sources App. N | | Well ID | | | |
| 1 LOCATION OF | WAIER WELL: | Fraction 1/4 1/4 1/4 | | ection Numbe | 1 | nber Ra | ange Number □ E □ W | | |
| County: 2 WELL OWNER: | • I N | First: | 1 | ural Addrass | | - | | | |
| 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 /1 118 PTH (18 (T1M) PL 8 TB11 W 8 L L • | | | | ft. 5 Latitude:(decimal degrees) | | | | |
| WITH "X" IN SECTION BOX: | Depth(s) Groundwater | | | Longitude:(decimal degrees) | | | | | |
| SECTION BOX: N | 2) ft. | 3) ft., or 4) [| Dry Well | Datum: WGS 84 NAD 83 NAD 27 | | | | | |
| | WELL'S STATIC WA | | | Source for Latitude/Longitude: | | | | | |
| | ☐ below land surface | | | (, , , , , , , , , , , , , | | | | | |
| X _{NW} NE | | , measured on (mo-day- | | | (11 11 11 11 11 11 11 11 11 11 11 11 11 | | | | |
| | Pump test data: Well w | vater was s pumping | | ☐ Land Survey ☐ Topographic Map ☐ Online Mapper: | | | | | |
| W | | vater was f | | | nline Mapper: | • | • | | |
| SW SE | | s pumping | | | | | | | |
| | | Estimated Yield:gpm | | | 6 Elevation:ft. ☐ Ground Level ☐ TOC | | | | |
| S | | Bore Hole Diameter: in. to ft. and | | | Source: Land Survey GPS Topographic Map | | | | |
| mile | in. to ft. | | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | |
| 1. Domestic: | | ater Supply: well ID | | | l Field Water Supply: | | | | |
| Household | | ng: how many wells? | | | | | | | |
| Lawn & Garden | – 1 | | | | | | | | |
| ☐ Livestock 2. ☐ Irrigation | 8. ☐ Monitorin 9. Environment | | | 12. Geothermal: how many bores? | | | | | |
| 3. ☐ Feedlot | 9. Environment | Extraction | b) Open Loop Surface Discharge Inj. of Water | | | | | | |
| 4. ☐ Industrial | ☐ Recovery | | DATICTION | | | | | | |
| 1 2 2 | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted: | | | | | | | | | |
| 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 ☐ 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 | | | | | | | | | |
| Nearest source of possible contamination: No potential source of contamination within 200 ft. | | | | | | | | | |
| ☐ 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 | | | | | | | | | |
| | — 1 ° | | | _ | <i>c</i> – | | | | |
| Direction from well? Distance from well? | | | | | | | | | |
| 10 FROM TO | LITHOLOG | GIC LOG | FROM | TO | LITHO. LOG (cont.) | or PLUGGI | NG INTERVALS | | |
| | | | | | | | | | |
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| | | Notes: | | | | | | | |
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| 11 CONTRACTORIC OR LANDOWNER'S CERTIFICATION, The second of the second o | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my invisidiction 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 | | | | | | | | | |