KOLAR Document ID: 1582341

| WATER WELL | Division of Water | | | | | | | |
|--|--------------------------------------|---------------------------------------|----------------|-----------------------------------|--|---------------------------|-------------|--|
| | | ge in Well Use | | sources App. N | | Well ID | nge Number | |
| 1 LOCATION OF WATER WELL: County: | | Fraction 1/4 1/4 1/4 | Section Number | | _ | Township Number Ran T S R | | |
| 2 WELL OWNER: | First: | • | ural Addross | | | ☐ 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 | 4 DEPTH OF COM | MPLETED WELL: | ft. 5 Latitu | . 5 Latitude:(decimal degrees) | | | | |
| WITH "X" IN SECTION BOX: | Depth(s) Groundwater | Encountered: 1) | ft. | | tude: | | | |
| N | | 3) ft., or 4) [| | Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27 | | | | |
| | WELL'S STATIC WA | | | Source for Latitude/Longitude: | | | | |
| ' 🗴 | | , measured on (mo-day | | | - (, | | | |
| NW NE | Pump test data: Well w | , measured on (mo-day- | | | (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map | | | |
| W E | · . | s pumping | | | Online Mapper: | | | |
| | | vater was 1 | | | | | | |
| SW SE | after hours | after hours pumping gpm | | | 6 Florestions 6 G Committee of TOC | | | |
| | | Estimated Yield:gpm | | | 6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map | | | |
| S 1:1- | | Bore Hole Diameter: in. to ft. an | | | Source: | | | |
| 1 mile in. to ft. | | | | | | | | |
| 7. WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID | | | | | | | | |
| ☐ Household | | | | Hole: well ID | | | | |
| Lawn & Garden | 6. ☐ Dewatering: how many wells? | | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | |
| ☐ Livestock | | g: 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? | | | | | | | | |
| 8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other | | | | | | | | |
| Casing diameter | | | | | | | | |
| Casing height above land surface | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: □ 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 ft. to ft., From ft., From ft. to ft. | | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft. | | | | | | | | |
| 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 | | | | | | | | |
| Other (Specify) | | | | | | | | |
| Direction from well? Distance from well? | | | | | | | | |
| 10 FROM TO | LITHOLOG | GIC LOG | FROM | TO | LITHO. LOG (cont.) o | r PLUGGIN | G INTERVALS | |
| | | | | | | | | |
| | | | | - | | | | |
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| | | | | + | | | | |
| | + | | Notes: | | | | | |
| | TAULES. | | | | | | | |
| | | | | | | | | |
| 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 nar | me 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. | | | | | | | | |
| | heks.gov/waterwell/index.html | | Dir Jackst | 5, 5uite 1 20, | 10penu, 1xuiisus 00012-13 | | SA 82a-1212 | |