KOLAR Document ID: 1520339

| | | | | vision of Water | | W 11 ID | | | |
|--|--|----------------------|----------------|--|---|--------------|---------------------------------------|--|--|
| | | ge in Well Use | | sources App. No | | Well ID | NY 1 | | |
| 1 LOCATION OF | WATER WELL: | Fraction | | ection Number | 1 | | ige Number | | |
| County: | | 1/4 1/4 1/4 | 1/4 | 1 4 1 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: | | | | | | | | | |
| Business: Address: | | | direction from | nearest town or i | ntersection): If at owner | i's address, | check here: | | |
| Address: | | | | | | | | | |
| City: | State: | ZIP: | | | | | | | |
| 3 LOCATE WELL | 4 DEPTH OF COL | ADI EMED IMELI | | | _ | | | | |
| WITH "X" IN | 4 DEPTH OF COMPLETED WELL: | | | | , | | | | |
| SECTION BOX: | Depth(s) Groundwater Encountered: 1) | | | Longitude:(decimal degrees) | | | | | |
| N | 2) ft. 3) ft., or 4) □ Dry W WELL'S STATIC WATER LEVEL: ft. | | | Datum: WGS 84 NAD 83 NAD 27 | | | | | |
| | below land surface, measured on (mo-day-yr) | | | | Source for Latitude/Longitude: GPS (unit make/model:) | | | | |
| NW NE | | | | | * | | · · · · · · · · · · · · · · · · · · · | | |
| NW NE | Pump test data: Well water was ft. | | | ··· (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map | | | | | |
| $ \mathbf{w} $ | after hours pumping gpm | | | Online Mapper: | | | | | |
| | Well v | Well water was ft. | | | | | | | |
| SW SE | after pumping gpm | | | 6 Florestions 6 G County I and G TOC | | | | | |
| | Estimated Yield: | | | | 6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map | | | | |
| S | | in. to | | · · · · · · · · · · · · · · · · · · · | | | | | |
| 1 mile in. to ft. Other | | | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | |
| 1. Domestic: | | ater Supply: well ID | | | Field Water Supply: 16 | | | | |
| Household | 6. Dewatering: how many wells? | | | | 11. Test Hole: well ID | | | | |
| Lawn & Garden | ☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID | | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | | |
| 2. ☐ Irrigation | <u> </u> | | | | 12. Geothermal: how many bores? | | | | |
| 3. ☐ Feedlot | | | | | b) Open Loop Surface Discharge Inj. of Water | | | | |
| 4. ☐ Industrial | ☐ Recovery | | ZATUCTION | | | | | | |
| V V V | | | | | | | | | |
| 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 JOINTS: Glued Clamped Welded Threaded | | | | | | | | | |
| Casing diameter | | | | | | | | | |
| Casing height above land surface | | | | | | | | | |
| 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 ft., From 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 | | | | | | | | | |
| | sible contamination: No | | | | | | | | |
| Septic Tank | ☐ Lateral Line | | | Livestock Pen | s | cide Storage | | | |
| ☐ Sewer Lines | Cess Pool | ☐ Sewage Lag | | Fuel Storage | | oned Water | | | |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | | | |
| Other (Specify) | | | | | | | | | |
| | | | | | | | | | |
| 10 FROM TO | LITHOLOG | GIC LOG | FROM | TO 1 | LITHO. LOG (cont.) or | PLUGGIN | G INTERVALS | | |
| | | | | | | | | | |
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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) | | | | | | | | | |
| Kansas water well Contractor's License No | | | | | | | | | |
| under the business name of | | | | | | | | | |
| 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 | | | | | | | | | |