KOLAR Document ID: 1608460

|  |   |   |   |                 | Division of Water  |  |                       |           |                |  |  |
|--|---|---|---|-----------------|--|--|-----------------------|-----------|----------------|--|--|
|  |   | ge in Well Use  |   |                 | ces App. No  |  |                       | Vell ID   | N1             |  |  |
| 1 LOCATION OF  | Fraction  | Section Number  |   | Township N<br>T | umber<br>S   | Range Number R □ E □ W                                       |                       |           |                |  |  |
| County:  2 WELL OWNER  | First:  |   | 1/4 T S Street or Rural Address where well is located (if unk |                 |  |  |                       |           |                |  |  |
| Business:  Street of Rufal 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  | 4 DEPTH OF COMPLETED WELL:  |   |                 |  | t. <b>5 Latitude</b> :(decimal degrees)                      |                       |           |                |  |  |
| WITH "X" IN<br>SECTION BOX:  | Depth(s) Groundwater  | Depth(s) Groundwater Encountered: 1) ft.  |   |                 |  | ude:   |                       |           |                |  |  |
| N  |   | 2) ft. 3) ft., or 4) ☐ Dry Wel  |   |                 |  | Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27                            |                       |           |                |  |  |
|  |   | WELL'S STATIC WATER LEVEL: ft.  |   |                 |  | for Latitude/Longi   |                       |           |                |  |  |
|  | below land surface, measured on (mo-day-yr)                   |   |   |                 | Gradient matter modern   |  |                       |           |                |  |  |
| NW NE  |   | above land surface, measured on (mo-day-yr)  Pump test data: Well water was ft. |   |                 |  | · (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map |                       |           |                |  |  |
|  |   | after hours pumping gpm   |   |                 |  | Online Mapper:   |                       |           |                |  |  |
|  |   | Well water was ft.  |   |                 |  |  |                       |           |                |  |  |
| SW SE  |   | after hours pumping gpm   |   |                 |  | ( Florestion:  |                       |           |                |  |  |
|  | Estimated Yield:  |   |   |                 | 6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map |  |                       |           |                |  |  |
| S<br>1:1   |   | Bore Hole Diameter: in. to  |   |                 | Source:  |  |                       |           |                |  |  |
| 1 mile  in. to ft. Other   |   |   |   |                 |  |  |                       |           |                |  |  |
| 7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID   |   |   |   |                 |  |  |                       |           |                |  |  |
| Household  |   | 6. Dewatering: how many wells?  |   |                 |  | 11. Test Hole: well ID                                       |                       |           |                |  |  |
| ☐ Lawn & Garden  | 7. Aquifer Recharge: well ID                                  |   |   |                 | ☐ 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?  |   |   |   |                 |  |  |                       |           |                |  |  |
| 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       □ 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   |   |   |   |                 |  |  |                       |           |                |  |  |
|  | ft. to  |   |   |                 |  | ft. to   |                       | ft.       |                |  |  |
| Nearest source of poss  ☐ Septic Tank  | ible contamination: No<br>☐ Lateral Line                      |   |   |                 | n 200 ft.<br>vestock Pens  |  | aa ati ai da          | Ctomoro   |                |  |  |
| Sewer Lines  | ☐ Cess Pool   | Sewage L  |   | _               |  | _  | secticide<br>oandoned |           | Well           |  |  |
| ☐ Watertight Sewer   | <del>_</del>  | ☐ Feedyard  |   |                 | rtilizer Stora   |  | il Well/G             |           | W CH           |  |  |
| Other (Specify)  |   |   |   |                 |  |  |                       |           |                |  |  |
| Direction from well? Distance from well?   |   |   |   |                 |  |  |                       |           |                |  |  |
| 10 FROM TO   | LITHOLO   | GIC LOG   | FROM  | 1               | TO I   | ITHO. LOG (con   | t.) or PL             | UGGIN     | G INTERVALS    |  |  |
|  |   |   |   | _               |  |  |                       |           |                |  |  |
|  |   |   |   | _               |  |  |                       |           |                |  |  |
|  |   |   |   | _               |  |  |                       |           |                |  |  |
|  |   |   |   |                 |  |  |                       |           |                |  |  |
|  |   |   |   |                 |  |  |                       |           |                |  |  |
|  |   |   | Notes:  |                 |  |  |                       |           |                |  |  |
|  |   |   | indies:   |                 |  |  |                       |           |                |  |  |
|  |   |   |   |                 |  |  |                       |           |                |  |  |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was   constructed,   reconstructed, or   plugged   |   |   |   |                 |  |  |                       |           |                |  |  |
| under my jurisdiction  | and was completed on (n                                       | no-day-year)  | a   | nd thi          | s record is  | true to the best   | of my kı              | nowleds   | ge and belief. |  |  |
| under my jurisdiction and was completed on (mo-day-year)   |   |   |   |                 |  |  |                       |           |                |  |  |
| under the business na  | me of   |   |   |                 |  |  |                       | <u></u>   |                |  |  |
| KS Department of Healt   | Send one copy to WATER W                                      |   |   |                 |  |  |                       | Telenhone | 785-296-3565   |  |  |
| 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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> KSA 82a-1212 |   |   |   |                 |  |  |                       |           |                |  |  |