KOLAR Document ID: 1585567

| <u> </u> | | | | ivision of Wate | | W 11 ID | | | |
|--|---|---|--------|--------------------------------------|---|------------|---------------|--|--|
| | | ge in Well Use | | sources App. N | | Well ID | NY 1 | | |
| 1 LOCATION OF | WATER WELL: | Fraction | | ection Number | 1 | | nge Number | | |
| County: | | 1/4 1/4 1/4 | | | T S | | □ E □ W | | |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and direction from pearest town or intersection): If at owner's address, check here: | | | | | | | | | |
| Business: direction from nearest town or intersection): If at owner's address, check here: | | | | | | | | | |
| Address: | | | | | | | | | |
| City: | State: | ZIP: | | | | | | | |
| 3 LOCATE WELL | 4 DEPTH OF COMPLETED WELL: | | | | uda. | | (1 : 11) | | |
| WITH "X" IN | | Depth(s) Groundwater Encountered: 1) ft. | | | Longitude: | | | | |
| SECTION BOX: | | 2) ft. 3) ft., or 4) \[\subseteq \text{Dry We} | | | n: 🗌 WGS 84 🔲 NA | | | | |
| N | WELL'S STATIC WATER LEVEL: fi | | | | e for Latitude/Longitude | | NAD 21 | | |
| | □ below land surface, measured on (mo-day-yr) | | | | GPS (unit make/model:) | | | | |
| NW NE | $_{\text{W}}$ $_{\text{NE}}$ $_{\text{NE}}$ above land surface, measured on (mo-day-yr) | | | | (WAAS enabled? ☐ Yes ☐ No) | | | | |
| | Pump test data: Well water was ft. | | | | ☐ Land Survey ☐ Topographic Map | | | | |
| w | after hours pumpinggpm | | | | Online Mapper: | | | | |
| SW SE - X | | Well water was ft. | | | | | | | |
| | afterhours pumpinggpn Estimated Yield:gpm | | | 6 Elevation:ft. ☐ Ground Level ☐ TOC | | | | | |
| S | | gmi in. to ft. and | | | Source: Land Survey GPS Topographic Map | | | | |
| | | in. to | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | |
| 1. Domestic: | | ater Supply: well ID | | . 10. 🗆 🔾 | il Field Water Supply | lease | | | |
| ☐ Household | | ng: how many wells? | | 10. Oil Field Water Supply: lease | | | | | |
| ☐ Lawn & Garden | | | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | | |
| Livestock | | | | | 12. Geothermal: how many bores? | | | | |
| Irrigation | | | | | 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 in. to ft., Diameter in. to ft., Diameter in. to ft. | | | | | | | | | |
| Casing height above land surface in. Weightlbs./ft. Wall thickness or gauge No | | | | | | | | | |
| 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) | | | | | | | | | |
| ☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From ft., From ft., From ft., From ft. to ft. | | | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft. to 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) | | | | | | | | | |
| | | | | | | | IC INTERNAL C | | |
| 10 FROM TO | LITHOLOG | GIC LOG | FROM | TO | LITHO. LOG (cont.) | or PLUGGIN | GINTERVALS | | |
| | + | | + | + | | | | | |
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| | + | | Notes: | 1 1 | | | | | |
| | + | 110105. | | | | | | | |
| | | | | | | | | | |
| 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) and this record is true to the best of my knowledge and belief | | | | | | | | | |
| 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 | | | | | | | | | |