KOLAR Document ID: 1470772

| | | | | | Division of Water | | | | |
|--|---|-----------------------------------|--------------------------------|-----------------------------------|--|------------------------------|--------------|--|--|
| Original Record | | ge in Well Use | | esources App. N | | Well ID | | | |
| 1 LOCATION OF | WAIER WELL: | Fraction 1/4 1/4 1/4 1/4 | | Section Number | | S R | ange Number | | |
| County: 2 WELL OWNEI | 2. Last Name: | First: | | Pural Address | | | 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 | 4 DEPTH OF COMPLETED WELL: | | | | 5 Latitude:(decimal degrees) | | | |
| WITH "X" IN SECTION BOX: | Depth(s) Groundwater | Encountered: 1) | ft. | | itude: | | | | |
| N | | 3) ft., or 4) | | Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27 | | | | | |
| | WELL'S STATIC WA | | Source for Latitude/Longitude: | | | | | | |
| | | e, measured on (mo-day | | | a si s (unit intuite) insueri | | | | |
| NW NE | Pump test data: Well v | e, measured on (mo-day | | | · (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map | | | | |
| w x | | s pumping | | Online Mapper: | | | | | |
| | | water was | | | | | | | |
| SW SE | | after hours pumping gpm | | | (Florestion: | | | | |
| | Estimated Yield: | | | | 6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map | | | | |
| S | Bore Hole Diameter: | | | Source | | Other | | | |
| 1 mile in. to | | | | | | | | | |
| | | | | | | | | | |
| Domestic: Household | | 5. ☐ Public Water Supply: well ID | | | | i lease | | | |
| ☐ Lawn & Garden | | | | | | | | | |
| ☐ 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 | | | | | | | | | |
| 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 | LITHOLO | GIC LOG | FROM | TO | LITHO. LOG (cont. | or PLUGGI | NG INTERVALS | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | Matan | | | | | | |
| | Notes: | | | | | | | | |
| | | | | | | | | | |
| 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 | | | | | | | | |
| vion as at mtp.//www. | Ranoro.gov/ water werl/Illuex.IllIII | | | | | 15 | 02u 1212 | | |