KOLAR Document ID: 1592077

| | | | | ivision of Wate | | W 11 ID | | |
|--|--|----------------------|--------------|-------------------|--|----------|---------------|--|
| Original Record | | ge in Well Use | | sources App. N | | Well ID | NT 1 | |
| 1 LOCATION OF | WATER WELL: | Fraction | | ection Number | | | nge Number | |
| County: | | 1/4 1/4 1/4 | | 1 A 11 | 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 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: | | | | ft 5 T a434 | uda. | | (1 : 11) | |
| WITH "X" IN | Donth(s) Groundwater Engountered: 1) | | | | , | | | |
| SECTION BOX: | 2) ft. 3) ft., or 4) \square Dry V | | | | Longitude: | | | |
| N | WELL'S STATIC WATER LEVEL: | | | | e for Latitude/Longitude | | IAD 21 | |
| | below land surface, measured on (mo-day-yr) | | | | GPS (unit make/model:) | | | |
| X NW NE | NW NE above land surface, measured on (mo-day-yr) | | | | (WAAS enabled? ☐ Yes ☐ No) | | | |
| X | | | | | ☐ Land Survey ☐ Topographic Map | | | |
| w | E after hours pumping | | | | Online Mapper: | | | |
| SW SE | Well water was ft. after hours pumping gpm | | | | | | | |
| | after hours pump Estimated Yield:gpr | | | 6 Elevation: | | | 1 Level □ TOC | |
| S | | gpm in. to | ft and | | Source: Land Survey GPS Topographic Map | | | |
| 1 mile | | in. to | | | Other | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | |
| 1. Domestic: | | ater Supply: well ID | ••••• | . 10. □ O | il Field Water Supply: 1 | ease | | |
| ☐ Household | | ng: how many wells? | | | | | | |
| ☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID | | | | | | | | |
| ☐ Livestock | ☐ Livestock 8. ☐ Monitoring: well ID | | | | | | | |
| 2. Irrigation | | | | | a) Closed Loop Horizontal Vertical | | | |
| 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 ☐ 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 | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other | | | | | | | | |
| Grout Intervals: From | | | | | | | | |
| | sible contamination: No | | | | | | | |
| ☐ 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? ft. | | | | | | | | |
| 10 FROM TO | LITHOLO | | FROM | | LITHO. LOG (cont.) o | | CINTEDVALC | |
| IU FROM 10 | LITHOLO | GIC LOG | FROM | 10 | LITHO. LOG (colit.) | IFLUGGIN | GINTERVALS | |
| | | | | + | | | | |
| | | | + | + | | | | |
| | | | | + + | | | | |
| | | | | + | | | | |
| | | | + | + + | | | | |
| | | | Notes: | | | | | |
| | 110165. | | | | | | | |
| | | | | | | | | |
| 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 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. | | | | | | | | |
| | and Environment, Bureau of Values, and Environment, Environment, Bureau of Values, and Environment, Bureau of Values, and | | OU S W JACKS | лі эп., эшке 420, | торска, канѕаѕ 00012-13 | | SA 82a-1212 | |
| vion as at mtp.//www.l | Concrete Sort water well/HIUCA.HUIII | | | | | 177 | 02u 1212 | |