KOLAR Document ID: 1376580

| | | | | Division of Water | | | | |
|---|--|--------------------------|----------------|-----------------------------------|--|-----------|------------------------|--|
| | | ge in Well Use | | sources App. N | | Well ID | a Numbar | |
| 1 LOCATION OF WATER WELL: County: | | Fraction 1/4 1/4 1/4 1/4 | | ection Number | Township Numb | | Range Number R □ E □ W | |
| 2 WELL OWNER: | | | ural Address v | | | | | |
| 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: | | <u> </u> | | | | |
| 3 LOCATE WELL | / | | | ft. 5 Latitu | 5 Latitude:(decimal degrees) | | | |
| WITH "X" IN SECTION BOX: | Depth(s) Groundwater Encountered: 1) | | | | Longitude:(decimal degrees) | | | |
| N | 2) ft. 3) ft., or 4) \square Dry | | | Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27 | | | | |
| | WELL'S STATIC WA | | | Source for Latitude/Longitude: | | | | |
| | below land surface, measured on (mo-day-yr) | | | | GPS (unit make/model:) | | | |
| 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 | | | |
| W E | after hours pumping gpm | | | | ☐ Colline Mapper: | | | |
| | | vater was f | | | iiiic wapper | | | |
| S W SE | after hours pumping gpm | | | (Florestian) | | | | |
| | Estimated Yield:gpm | | | | 6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map | | | |
| S 1:1 | Bore Hole Diameter: in. to ft. ar | | | Source | Source: Land Survey LGPS LTopographic Map | | | |
| 1 mile It. U It. | | | | | | | | |
| 7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID | | | | | | | | |
| 1. Domestic: ☐ Household | | | | | lole: well ID | | | |
| ☐ Lawn & Garden | <u> </u> | | | | | | | |
| Livestock | 8. Monitorin | | | 12. Geothermal: how many bores? | | | | |
| 2. Trrigation | 9. Environmenta |) | | 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? Yes 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 ☐ Fiberglass ☐ PVC ☐ Other (Specify) | | | | | | | | |
| ☐ Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify) | | | | | | | | |
| 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. to ft. | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | |
| Grout Intervals: From ft. to ft., From ft., From ft. to ft. | | | | | | | | |
| Nearest source of possible contamination: | | | | | | | | |
| ☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage ☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well | | | | | | | | |
| ☐ 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? | | | | | ft. | | | |
| 10 FROM TO | LITHOLOG | GIC LOG | FROM | TO | LITHO. LOG (cont.) of | r PLUGGIN | G INTERVALS | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | <u> </u> | | | | |
| | | | | | | | | |
| | | | NT 4 | | | | | |
| | | 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 | | | | | | | | |
| visit us at <u>nttp://www.kdf</u> | icks.gov/waterweii/index.ntml | | | | | L' | on 04a-1414 | |