KOLAR Document ID: 1601293

| | | | | vision of Water | | W 11 ID | | |
|--|--|-------------------------|------------------------|------------------------------------|--|----------------|-------------|--|
| <u> </u> | | ge in Well Use | | sources App. No | | Well ID | NY 1 | |
| 1 LOCATION OF | WATER WELL: | Fraction | | ection Number | 1 | | ige Number | |
| County: | | 1/4 1/4 1/4 | 1/4 | 1 4 1 1 | 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 nearest town or intersection): If at owner's address, check here: | | | | | | | | |
| Business: Address: | | | direction fron | nearest town or | intersection): If at owner | i's address, | check here: | |
| Address: | | | | | | | | |
| City: | State: | ZIP: | | | | | | |
| 3 LOCATE WELL | 4 DEPTH OF COL | | | | _ | | | |
| WITH "X" IN | 4 DEPTH OF COMPLETED WELL: | | | | | | | |
| SECTION BOX: | 1 | | | | tude: | | | |
| N | 2) ft. 3) ft., or 4) ☐ Dry V WELL'S STATIC WATER LEVEL: f | | | | WGS 84 □ NAI | | AD 27 | |
| | below land surface, measured on (mo-day-yr) | | | | Source for Latitude/Longitude: GPS (unit make/model:) | | | |
| NW NE | | | | | | | | |
| NW NE | Pump test data: Well water was ft. | | | | ☐ Land Survey ☐ Topographic Map | | | |
| w H | after hours pumpinggpm | | | | Online Mapper: | | | |
| SW X SE | Well water was ft. | | | | | | | |
| SW SE | after hours pumping gpm | | | 6 Florestions 6 Florest I and From | | | | |
| | Estimated Yield: | | | | 6 Elevation:ft. Ground Level TOC | | | |
| S | | in. to | | Source | Source: ☐ Land Survey ☐ GPS ☐ Topographic Map | | | |
| 1 mile in. to ft. Other | | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | |
| 1. Domestic: | | ater Supply: well ID | | | Field Water Supply: 16 | | | |
| Household | 6. Dewaterin | | 11. Test Hole: well ID | | | | | |
| Lawn & Garden | Lawn & Garden 7. Aquifer Recharge: well ID | | | | | | | |
| 2. ☐ Irrigation | <u> </u> | | | | 12. Geothermal: how many bores? | | | |
| 3. ☐ Feedlot | | | | | b) Open Loop Surface Discharge Inj. of Water | | | |
| 4. ☐ Industrial | ☐ Recovery | | Attaction | | | | | |
| V V V | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: | | | | | | | | |
| Water well disinfected? 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 ☐ 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 ft. to ft., From ft., From ft., From ft. | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other. | | | | | | | | |
| Grout Intervals: From | | | | | | | | |
| | sible contamination: No | | | | | | | |
| ☐ Septic Tank | ☐ Lateral Line | | | Livestock Pen | s | cide Storage | | |
| ☐ Sewer Lines | Cess Pool | | goon [| Fuel Storage | | oned Water | | |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | | |
| Other (Specify) | | | | | | | | |
| | | | | | | | | |
| 10 FROM TO | LITHOLO | GIC LOG | FROM | TO 1 | LITHO. LOG (cont.) or | PLUGGIN | G INTERVALS | |
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| | | Notes: | | | | | | |
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| | | | | | | | | |
| 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) | | | | | | | | |
| Kansas Water Well Contractor's License No | | | | | | | | |
| unuer me business n | Send one copy to WATED W | VELL OWNER and rates of | ne for your ro | cords Fee of \$5 | 00 for each constructed we | <u></u> -11 | | |
| 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 | | | | | | | |