KOLAR Document ID: 1573671

|  |   |  |  |  | Division of Water  |                           |         |                     |  |  |
|--|---|--|--|--|--|---------------------------|---------|---------------------|--|--|
|  |   |  |  | sources App. N                                 |  | Farmahin Mumh             | Well ID | aca Mumban          |  |  |
| 1 LOCATION OF WATER WELL: County:  |   | Fraction 1/4 1/4 1/4                       |  | Section Number                                 |  | Township Number Ran T S R |         | nge Number<br>□E □W |  |  |
| 2 WELL OWNER   |   |  | treet or Rural Address where well is located (if unknown, distance and |  |  |                           |         |                     |  |  |
| Business: direction from nearest town or intersection): If at owner's address, check here:   |   |  |  |  |  |                           |         |                     |  |  |
| Address:   |   |  |  |  |  |                           |         |                     |  |  |
| Address:<br>City:  | State:                                      | ZIP:                                       |  |  |  |                           |         |                     |  |  |
| 3 LOCATE WELL  |   |  |  |  |  |                           |         |                     |  |  |
| WITH "X" IN  | "X" IN 4 DEPTH OF COMPLETED WELL:           |  |  |  |  |                           |         |                     |  |  |
| SECTION BOX:   |   |  |  |  | Longitude:(decimal degrees)                                |                           |         |                     |  |  |
| N  | WELL'S STATIC WATER LEVEL:                  |  |  |  | Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude: |                           |         |                     |  |  |
| $\mathbf{x}$   | below land surface, measured on (mo-day-yr) |  |  |  | GPS (unit make/model:)                                     |                           |         |                     |  |  |
| 1 NW NE  | □ above land surface                        | yr)  | ·· (WAAS enabled? ☐ Yes ☐ No)  |  |  |                           |         |                     |  |  |
|  | Pump test data: Well v                      |  | ☐ Land Survey ☐ Topographic Map  |  |  |                           |         |                     |  |  |
| W  |   | after hours pumping gpm Well water was ft. |  |  |  | ☐ Online Mapper:          |         |                     |  |  |
| SW   SE  | after hour                                  |  |  |  |  |                           |         |                     |  |  |
|  | Estimated Yield:                            | gpm  |  | 6 Elevation:ft. ☐ Ground Level ☐ T             |  |                           |         |                     |  |  |
| S  | Bore Hole Diameter:                         |  | Source:   Land Survey GPS Topographic Map                              |  |  |                           |         |                     |  |  |
| 1 mile  in. to ft.   |   |  |  |  |  |                           |         |                     |  |  |
| 7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID   |   |  |  |  |  |                           |         |                     |  |  |
| Household     Household  |   | 6. Dewatering: how many wells?             |  |  |  | 11. Test Hole: well ID    |         |                     |  |  |
| Lawn & Garden  |   |  |  |  | ☐ Cased ☐ Uncased ☐ Geotechnical                           |                           |         |                     |  |  |
| Livestock  | 8. Monitorin                                |  | <ol><li>Geoth</li></ol>  | 12. Geothermal: how many bores?                |  |                           |         |                     |  |  |
| 2.  Irrigation   | 9. Environment                              |  |  | a) Closed Loop    Horizontal    Vertical       |  |                           |         |                     |  |  |
| 3. ☐ Feedlot   | ☐ Air Sparg                                 | 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 diameter in. to   |   |  |  |  |  |                           |         |                     |  |  |
| Casing height above land surface in. Weight  |   |  |  |  |  |                           |         |                     |  |  |
| 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)  |   |  |  |  |  |                           |         |                     |  |  |
| SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft., From ft. to ft.  |   |  |  |  |  |                           |         |                     |  |  |
| GRAVEL PACK INTERVALS: From  |   |  |  |  |  |                           |         |                     |  |  |
| 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   | LITH   | O. LOG (cont.) or         | PLUGGIN | G INTERVALS         |  |  |
|  |   |  |  |  |  |                           |         |                     |  |  |
|  |   |  |  |  |  |                           |         |                     |  |  |
|  |   |  |  |  |  |                           |         |                     |  |  |
|  |   |  |  |  |  |                           |         |                     |  |  |
|  |   |  |  | +  |  |                           |         |                     |  |  |
|  |   |  | 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)   |   |  |  |  |  |                           |         |                     |  |  |
| under the husiness na  | me of                                       | 1 mis W 8                                  | uei weii Ke  | coru was cor                                   | пріесе   | su on (mo-day-ye          | ai)     |                     |  |  |
|  | Send one copy to WATER W                    | ELL OWNER and retain of                    | one for your re  | cords. Fee of \$5                              | 5.00 for   | each constructed wel      | 11.     |                     |  |  |
| 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  |   |  |  |  |  |                           |         |                     |  |  |