KOLAR Document ID: 1579860

| <u> </u> | | | | | Division of Water | | | |
|--|---------------------------------------|---------------------------------|----------------|--|----------------------------------|-----------------|-----------------------|--|
| <u> </u> | | e in Well Use | | sources App. N | | Well ID | a Numbar | |
| 1 LOCATION OF WATER WELL: County: | | Fraction 1/4 1/4 1/4 | Section Numb | | r Township Numb | er Kan R | nge Number □ E □ W | |
| 2 WELL OWNER: L | act Name | | 1 | ural Address v | where well is located | | | |
| Business: direction from nearest town or intersection): If at owner's address, check here: | | | | | | | | |
| Address: | | | | | | | | |
| Address: City: | Statas | ZIP: | | | | | | |
| 3 LOCATE WELL | State: | • | | | | | | |
| WITH "X" IN | 4 DEPTH OF COMPLETED WELL: | | | | , | | | |
| SECTION BOX: | Depth(s) Groundwater Encountered: 1) | | | Longitude:(decimal degrees) | | | | |
| N | | 5) | | Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27 Source for Latitude/Longitude: | | | | |
| | | , measured on (mo-day- | | ·· GPS (unit make/model:) | | | | |
| X NWNE | above land surface, | , measured on (mo-day- | yr) | ·· (WAAS enabled? ☐ Yes ☐ No) | | | | |
| | Pump test data: Well w | | | ☐ Land Survey ☐ Topographic Map | | | | |
| W E | | s pumping ft vater was ft | | □ O ₁ | ☐ Online Mapper: | | | |
| SW SE | after hours pumping gpm | | | | | | | |
| | Estimated Yield:gpm | | | 6 Elevation:ft. Ground Level TOC | | | | |
| S | Bore Hole Diameter: in. to ft. and | | | Source: | | | | |
| 1 mile in. to ft. | | | | | | | | |
| 7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID | | | | | | | | |
| ☐ Household | | g: how many wells? | | | 11. Test Hole: well ID | | | |
| ☐ Lawn & Garden | 7. Aquifer Recharge: well ID | | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | |
| ☐ Livestock | | g: well ID | | | 12. Geothermal: how many bores? | | | |
| 2. Irrigation | 9. Environmental Remediation: well ID | | | | a) Closed Loop | | | |
| 3. ☐ Feedlot4. ☐ Industrial | ☐ Air Sparge ☐ Recovery | e ☐ Soil Vapor E ☐ Injection | xtraction | | b) Open Loop | | | |
| | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted: | | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded | | | | | | | | |
| Casing diameter in. to | | | | | | | | |
| 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. 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 Septic Tank | | | | | ns 🗆 Insecti | cide Storage | | |
| ☐ 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) | | | | | | | | |
| | | | | | ft LITHO. LOG (cont.) o | | CINTEDVALC | |
| 10 FROM TO | LITHOLOG | JIC LUG | FROM | 10 | LITHO. LOG (cont.) o | PLUGGIN | GINTERVALS | |
| | | | | | | | | |
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| | | | | | | _ | | |
| | | Notes: | | | | | | |
| | | | | | | | | |
| 11. CONTED A CTODIC OD I ANDOMINIEDIC CEDITIFICATION. TIL. | | | | | | | | |
| 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 | e 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. | | | | | | | | |
| | ks.gov/waterwell/index.html | vater, Geology Section, 10 | JO IS W JACKSO | n 51., 5une 420, | 10река, канзаѕ 00012-130 | | SA 82a-1212 | |