KOLAR Document ID: 1527285

| <u> </u> | | | | Division of Water | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------|--------------------------------------------------|--------------------------------------------------|---------|------------------------|--|--|
| <u> </u> | | ge in Well Use | | sources App. N | | Well ID | - North - | | |
| 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 | • Last Nama: | | 1 | ural Address v | 1.5 | | | | |
| 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: | | 1 | | | | | |
| 3 LOCATE WELL | 1/1 118PTH (18 ((1M)P) 8 TR1) W 81 1 • | | | | ft. 5 Latitude:(decimal degrees) | | | | |
| WITH "X" IN SECTION BOX: | | | | | Longitude:(decimal degrees) | | | | |
| N | 2) ft. 3) ft., or 4) ∐ Dry V | | | Datum: WGS 84 NAD 83 NAD 27 | | | | | |
| | WELL'S STATIC WATER LEVEL: | | | | Source for Latitude/Longitude: | | | | |
| | below land surface, measured on (mo-day-yr) | | | | (| | | | |
| NW X NE | $W = \begin{bmatrix} \bar{X} \\ \end{bmatrix}$ NE = $\begin{bmatrix} D \\ D \\ D \end{bmatrix}$ above land surface, measured on (mo-day-yr) Pump test data: Well water was ft. | | | | () | | | | |
| | E after hours pumping gpm | | | ☐ Land Survey ☐ Topographic Map ☐ Online Mapper: | | | | | |
| | Well water was ft. | | | | Chimic Mapper | | | | |
| SW SE | after hours pumpinggpr | | | | • | | | | |
| | Estimated Yield: | | | | 6 Elevation: | | | | |
| S | | in. to | | Source | Source: | | | | |
| 1 mile in. to ft. | | | | | | | | | |
| 7 WELL WATER TO BE USED AS: 1. Domestic: 5. ☐ Public Water Supply: well ID | | | | | | | | | |
| Domestic: Household | | | | | | | | | |
| Lawn & Garden | | | | | | | | | |
| — | Livestock 8. Monitoring: well ID | | | | | | | | |
| 2. ☐ Irrigation | – | | | | | | | | |
| 3. ☐ Feedlot | ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extracti | | | | b) Open Loop Surface Discharge Inj. of Water | | | | |
| 4. ☐ Industrial | 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 ft., Diameter ft., Diameter ft., Diameter ft. | | | | | | | | | |
| 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. to ft. | | | | | | | | | |
| 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) | | | | | | | | | |
| 10 FROM TO | LITHOLO | | FROM | | LITHO. LOG (cont.) or | | G INTERVALS | | |
| | | | | | | | | | |
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| | | | Notes: | s: | | | | | |
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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) | | | | | | | | | |
| 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 | | | | | | | | | |