KOLAR Document ID: 1615268

| | | | | ivision of Wate | | W II ID | | |
|--|---|-----------------------------|----------------|--|--|------------|-------------|--|
| <u> </u> | | ge in Well Use | | sources App. N | | Well ID | NY 1 | |
| 1 LOCATION OF W | ATER WELL: | Fraction | | ection Numbe | 1 | | nge Number | |
| County: | 1/4 1/4 1/4 | 1/4 C | 1 A 1.1 | T S | | □ 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: direction from nearest town or intersection): If at owner's address, check here: | | | | | | | | |
| Address: | | | | | | | | |
| City: | State: | ZIP: | | | | | | |
| 3 LOCATE WELL | VELL 4 DEPTH OF COMPLETED WELL: | | | ft 5 T a4:4. | rdo. | | (1 ' 11) | |
| WITH "X" IN | Depth(s) Groundwater Encountered: 1) ft. | | | | Longitude: | | | |
| SECTION BOX: | 2) ft. 3) ft., or 4) \[\subseteq \text{Dry We} | | | | nude: n: □ WGS 84 □ NA | | | |
| N | WELL'S STATIC WATER LEVEL: ft. | | | | e for Latitude/Longitud | | NAD 21 | |
| | below land surface, measured on (mo-day-yr) | | | | PS (unit make/model: . | |) | |
| NW NE | above land surface, measured on (mo-day-yr) | | | " | · (WAAS enabled? Yes No) | | | |
| | Pump test data: Well water was ft. | | | ☐ Land Survey ☐ Topographic Map | | | | |
| W E | after hours pumping gpm | | | □ O | Online Mapper: | | | |
| SW SE | Well water was ft. | | | | | | | |
| | after hours pumping gpm Estimated Yield:gpm | | | 6 Elevation :ft. ☐ Ground Level ☐ TOC | | | | |
| S | Bore Hole Diameter: in. to ft. and | | | | Source: | | | |
| mile | in. to ft. | | | | Other | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | |
| 1. Domestic: | | ter Supply: well ID | | . 10. □ Oi | l Field Water Supply: | lease | | |
| ☐ Household | | g: how many wells? | | | 11. Test Hole: well ID | | | |
| Lawn & Garden | • | | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | |
| ☐ Livestock | | g: well ID | | | 12. Geothermal: how many bores? | | | |
| 2. Irrigation | 9. Environmental Remediation: well ID | | | | a) Closed Loop Horizontal Vertical | | | |
| 3. ☐ Feedlot | ☐ Air Sparge | _ | | b) Open Loop | | | | |
| 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? | | | | | | | | |
| 8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other | | | | | | | | |
| 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. to ft. | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other | | | | | | | | |
| Grout Intervals: From | | | | | | | | |
| Nearest source of possibl | | | | | | | | |
| ☐ 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? ft. | | | | | | | | |
| 10 FROM TO | LITHOLOG | | FROM | | 1 LITHO. LOG (cont.) (| | CINTEDVALS | |
| TO PROME TO | LITHULU | JIC LUU | FROM | 10 | LITTIO. LOG (COIIC.) | 1 I LUGGIN | OHVIEKVALS | |
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| | | | Notes: | 1 | | | | |
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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 | | | | | | | | |
| 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. | | | | | | | | |
| | eks.gov/waterwell/index.html | . a.c., Geology Section, 10 | SS D IT JACKSC | 5, 54110 720, | 10ponu, 1xuiisus 00012-1. | | SA 82a-1212 | |