KOLAR Document ID: 1530498

| | | | | Division of Water | | | | | |
|--|--|-------------------------|-----------------|--|--|--------------|-----------------------|--|--|
| <u> </u> | | ge in Well Use | | sources App. N | | Well ID | - North - | | |
| 1 LOCATION OF | WAIER WELL: | Fraction 1/4 1/4 1/4 | | ection Number | Township Numb | per Ran R | nge Number □ E □ W | | |
| County: 2 WELL OWNER: | I4 N | | · | urol Addross s | | | | | |
| 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: | | T | | | | | |
| 3 LOCATE WELL | 1/LIBERTH CHECTIMIPLE TRID WRITE | | | ft. 5 Latitude:(decimal degrees) | | | | | |
| WITH "X" IN SECTION BOX: | Depth(s) Groundwater Encountered: 1) ft. | | | Longitude:(decimal degrees) | | | | | |
| SECTION BOX: N | 2) ft. 3) ft., or 4) ∐ Dry We | | | Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27 | | | | | |
| | WELL'S STATIC WATER LEVEL: fi | | | | Source for Latitude/Longitude: | | | | |
| X | below land surface, measured on (mo-day-yr) | | | | PS (unit make/model: | | | | |
| NW NE | above land surface, measured on (mo-day-yr) | | | | (1 | | | | |
| w E | Pump test data: Well water was ft. after hours pumping | | | ☐ Land Survey ☐ Topographic Map ☐ Online Mapper: | | | | | |
| | | Well water was ft. | | | ☐ Ollillic Wapper | | | | |
| SW SE | after hours | after hours pumping gpm | | | | | | | |
| | Estimated Yield: | 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 | | | | | | | | | |
| 1. Domestic: | | nter Supply: well ID | | | | | | | |
| ☐ Household ☐ Lawn & Garden | 6. ☐ Dewatering: how many wells? | | | | 11. Test Hole: well ID | | | | |
| Livestock | 8. Monitoring: well ID | | | | 12. Geothermal: how many bores? | | | | |
| 2. ☐ Irrigation | 9. Environmental Remediation: well ID | | | | a) Closed Loop | | | | |
| 3. ☐ Feedlot | ☐ Air Sparge ☐ Soil Vapor 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 ft., Diameter ft., Diameter ft., Diameter ft. | | | | | | | | | |
| Casing height above land surface in. Weightlbs./ft. Wall thickness or gauge No | | | | | | | | | |
| 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. to ft. | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | |
| | ble 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 | LITHOLOG | | FROM | | LITHO. LOG (cont.) of | | 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) | | | | | | | | | |
| under the business name of | | | | | | | | | |
| | Send one copy to WATER W | ELL OWNER and retain of | one for your re | cords. Fee of \$5. | 00 for each constructed we | ell. | | | |
| 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 | | | | | | | | | |