KOLAR Document ID: 1596293

| <u> </u>   |  |                                      |  | vision of Water                        |  | W 11 ID      |             |  |
|--|--|--------------------------------------|--|--|--|--------------|-------------|--|
|  |  | ge in Well Use                       |  | sources App. No                        |  | Well ID      | NY 1        |  |
| 1 LOCATION OF V  | NATER WELL:                                      | Fraction                             |  | ection Number                          |  |              | nge Number  |  |
| County:  |  | 1/4 1/4 1/4                          |  | 1 4 1 1                                | T S  | R            | □ 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:<br>Address:  |  |                                      | direction from   | nearest town or                        | intersection): If at owne                      | r's address, | check here: |  |
| Address:   |  |                                      |  |  |  |              |             |  |
| City:  | State:   | ZIP:                                 |  |  |  |              |             |  |
| 3 LOCATE WELL  | 4 DEPTH OF COL                                   | ADI EWED WELL                        |  | 2                                      | _  |              |             |  |
| WITH "X" IN  | 4 DEPTH OF COMPLETED WELL:                       |                                      |  |  |  |              |             |  |
| SECTION BOX:   |  | Depth(s) Groundwater Encountered: 1) |  |  | tude:  |              |             |  |
| N  | WELL'S STATIC WATER LEVEL: ft.                   |                                      |  |  | □ WGS 84 □ NA                                  |              | IAD 27      |  |
|  | □ below land surface                             |                                      | Source for Latitude/Longitude:  GPS (unit make/model:) |  |  |              |             |  |
| NW NE  |  | , measured on (mo-day-               |  |  |  |              |             |  |
| NW  NE   | Pump test data: Well water was ft.               |                                      |  |  | ☐ Land Survey ☐ Topographic Map                |              |             |  |
| $ \mathbf{w} $   | · C 1  | s pumping                            |  | Online Mapper:                         |  |              |             |  |
| '   '  | Well v   | vater was f                          | t.   |  | F F  |              |             |  |
| SW SE  | after hours pumping gpm                          |                                      |  | 6 Florestion: 6 Florest Level FTCC     |  |              |             |  |
|  |  | Estimated Yield:gpm                  |  |  | 6 Elevation:ft. Ground Level TOC               |              |             |  |
| S  | Bore Hole Diameter: in. to ft. ar                |                                      |  | Source:                                |  |              |             |  |
| 1 mile  in. to ft.   |  |                                      |  |  |  |              |             |  |
| 7 WELL WATER TO BE USED AS: 1. Domestic: 5. ☐ Public Water Supply: well ID   |  |                                      |  |  |  |              |             |  |
| 1. Domestic:   |  | ater Supply: well ID                 |  |  |  |              |             |  |
| Household  | 6. Dewatering: how many wells?                   |                                      |  |  | 11. Test Hole: well ID                         |              |             |  |
| ☐ Lawn & Garden<br>☐ Livestock   | arden 7. ☐ Aquifer Recharge: well ID             |                                      |  |  | 12. Geothermal: how many bores?                |              |             |  |
| 2. ☐ Irrigation  |  |                                      |  | a) Closed Loop ☐ Horizontal ☐ Vertical |  |              |             |  |
| 3. ☐ Feedlot   | 9. Environmental Remediation: well ID            |                                      |  |  | b) Open Loop  Surface Discharge  Inj. of Water |              |             |  |
| 4. ☐ Industrial  | Recovery   |                                      |  |  | ner (specify):                                 |              |             |  |
|  |  |                                      |  |  |  |              |             |  |
| 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 diameter  |  |                                      |  |  |  |              |             |  |
| 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. 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)         Direction from well?         ft.   |  |                                      |  |  |  |              |             |  |
|  |  |                                      |  |  |  |              | CINTEDIALC  |  |
| 10 FROM TO   | LITHOLO  | GIC LOG                              | FROM   | TO 1                                   | LITHO. LOG (cont.) or                          | PLUGGIN      | GINTERVALS  |  |
|  |  |                                      |  | +                                      |  |              |             |  |
|  | <del>                                     </del> |                                      |  | +                                      |  |              |             |  |
|  |  |                                      |  | +                                      |  |              |             |  |
|  |  |                                      |  | +                                      |  |              |             |  |
|  |  |                                      |  | 1                                      |  |              |             |  |
|  |  |                                      | NT - 4 :   |  |  |              |             |  |
|  |  | Notes:                               |  |  |  |              |             |  |
|  |  |                                      |  |  |  |              |             |  |
| 11 CONTRACTORIC OR LANDOWNIERS CERTIFICATION THE STATE OF |  |                                      |  |  |  |              |             |  |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my invisidiction and was completed on (mo day year)   |  |                                      |  |  |  |              |             |  |
| 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   |  |                                      |  |  |  |              |             |  |