KOLAR Document ID: 1607595

WATER WELL RECORD ☐ Original Record ☐ Correction ☐ Change in Well Use							ivision of Wat sources App. 1] Well ID		
				Fraction			ection Numb		Township Numb		nge Number	
County:			1/4 1/4	1/4						□ E □ W		
						Street or R	treet or Rural Address where well is located (if unknown, distance and					
							irection from nearest town or intersection): If at owner's address, check here:					
Address:	Address: Address:											
City:			State:	ZIP:								
3 LOCAT	E WELL											
	TH "X" IN 4 DEPTH OF COMPLETED							Latitude:(decimal degrees)				
SECTIO	Depth(s) Groundwater Encountered: 1)					— 						
N	2) ft. 3) ft., or 4) \(\subseteq WELL'S STATIC WATER LEVEL:						Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude:					
		below land surface, measured on (mo-day-yr									,	
NW	NF	above land surface, measured on (mo-day-yr						☐ GPS (unit make/model:				
'''	i l	Pump test data: Well water was ft.				t.		☐ Land Survey ☐ Topographic Map			1.0)	
w	E	after hours pumpinggr							e Mapper:			
SW	SE X	Well water was ft.										
~	- X	after hours pumping gp Estimated Yield:gpm				gpm	6 Eleva	6 Elevation:ft. ☐ Ground Level ☐ TOC			nd Level ☐ TOC	
	S	Bore Hole Diameter: in. to				ft. and	Source: ☐ Land Survey ☐ GPS ☐ Topogra					
1 n		in. to					□ O41					
7 WELL WATER TO BE USED AS:												
1. Domestic: 5. Public Water Supply: well ID												
_	☐ Household 6. ☐ Dewatering: how many wells							11. Test Hole: well ID				
=				charge: well ID				☐ Cased ☐ Uncased ☐ Geotechnical 12. Geothermal: how many bores?				
	☐ Livestock 8. ☐ Monitoring: well ID											
3. ☐ Feedlo												
4. ☐ Industrial ☐ Recovery					tion		13. Other (specify):					
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:												
Water well disinfected? \square Yes \square No												
8 TYPE OF CASING USED: Steel PVC Other												
Casing diameter in. to ft., Diameter ft., Diameter in. to 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:												
		☐ Mill Slot		auze Wrapped	Пта	orch Cut	Drilled Holes	П	Other (Specify)			
_		☐ Key Puncl					None (Open I					
SCREEN-F									ft., From	ft. t	o ft.	
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft. to ft.												
								ı	ft. to	ft.		
Nearest sou	rce of possible		on: No Lateral Line	potential source			vithin 200 ft. ☐ Livestock P	one	□ Insocti	cide Storag	· 0	
Sewer 1			Cess Pool				Fuel Storage			oned Water		
	ght Sewer Lin			☐ Feed			Fertilizer St			ell/Gas Wel		
Other (Specify)												
Direction from well? ft.												
10 FROM	TO	I	ITHOLOG	GIC LOG		FROM	TO	LIT	THO. LOG (cont.) or	· PLUGGII	NG INTERVALS	
						Notes:						
11. CONTED A CTODISC OD I ANDOM/NIEDIS 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)												
Kansas Wa	ter Well Con	tractor's Lice	ense No	Tl	his Wa	ater Well R	ecord was co	mple	eted on (mo-day-y	ear)		
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.												
_	nent of Health ar ttp://www.kdhek			valer, Geology Sec	лоп, 10	JOU S W Jackso	ni St., Suite 420	, тор	ска, канѕаѕ 00012-136		SA 82a-1212	
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