KOLAR Document ID: 1458014

WATER WI			Form V					sion of Wate						
Original Rec		Correction		e in Well				urces App. N			Well II			
1 LOCATION OF WATER WELL:			Fraction 1/4 1/4 1/4 1/4			Sect	tion Numbe	er	Township Numb		Range Number			
County:			1/4	1/4 1		T S R E								
2 WELL OWNER: Last Name:			First:				aral Address where well is located (if unknown, distance and							
Business: Address:			direction	from ne	rom nearest town or intersection): If at owner's address, check here:									
Address:														
City:			State:	ZIP:										
3 LOCATE WELL 4 DEPTH OF COM				PLETED WELL: ft.				5 Latitude:(decimal degrees)						
WIII "A" IN Donth (a) Crown deviation I			Encountered: 1) ft.											
SECTION BOX: 2) ft 3			f) ft., or 4) \(\square\) Dry Well				Longitude: (decimal degrees) Datum: WGS 84 NAD 83 NAD 27							
			ΓER LEVEL: ft.						Latitude/Longitude		INA	.D 21		
☐ below land surface,			measured on (mo-day-yr)				GPS (unit make/model:)							
				measured on (mo-day-yr)				(1) 14 1 14 1 14 1 14 1 14 1						
Pump test data: Well w							☐ Land Survey ☐ Topographic Map							
				s pumping gpm vater was ft.				☐ Online Mapper:						
SW SE - X		after												
		after hours pumping gp Estimated Yield:gpm						6 Elevation:ft. ☐ Ground Level ☐ TOC						
S		Bore Hole D			ft. and	and Source:			☐ Land Survey ☐ GPS ☐ Topographic Map					
the state of the s				in	ft.	☐ Other								
7 WELL WAT	TER TO	BE USED A	S:											
1. Domestic:					e: well ID					eld Water Supply: 16				
☐ Household 6. ☐ Dewaterin									well ID					
☐ Lawn & Garden 7. ☐ Aquifer Re														
☐ Livestock 8. ☐ Monitoring 2. ☐ Irrigation 9. Environmenta									al: how many bores Loop Horizont					
			Air Sparge		Soil Vapor					Loop				ater
4. ☐ Industrial			Recovery		Injection	Emucio	•			(specify):				
Was a chemica	al/hacteri					l Vec 🖂	No			nple was submitte				
Water well disin				illed to i	KDIIE:] I CS	140	11 yes, date	Sai	iipie was subilitie	u	•••••		•••••
				C □ Oth	or		ASIN	G IOINTS		Glued Clamped		led	☐ Thre	eaded
										in. to				aucu
Casing height abo										s or gauge No				
TYPE OF SCR	EEN OR	PERFORAT	TON MAT	ΓERIAL:										
☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify)														
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)														
SCREEN OR P									_					
Continuous		☐ Mill Slot		uze Wrap				alled Holes one (Open H		Other (Specify)	• • • • • • • • • • • • • • • • • • • •	•••••		•
Louvered S	Shuller [INTERV	led ∐ Wi	ire wrapp						ft., From	ft	to		ft
										ft., From				
										ft. to				••
Nearest source o					source of co									
☐ Septic Tank		□ I	Lateral Lines		☐ Pit Privy			Livestock Pe		☐ Insection				
☐ Sewer Lines			Cess Pool		Sewage L			Fuel Storage		Abando			ell	
☐ Watertight S			Seepage Pit		☐ Feedyard		∐F	Fertilizer Sto	rage	e ☐ Oil We	ll/Gas We	:ll		
☐ Other (Specify)														
	TO TO		ITHOLOG			FRO				HO. LOG (cont.) 01		NG	INTER	VALS
10 11(0)(1	10		IIIIOEOO	JIC EGG		TRO	111	10		110. E00 (cont.) of	TECCO	110	HITEK	TILD
						Note	s:	<u> </u>						
					· 									
										onstructed, \square reco				
under my jurisd	diction and	was compl	eted on (m	io-day-ye	ear)	7-4- 337 1	and the	his record i	s tru	ue to the best of m	y knowle	dge	and be	elief.
Nansas Water V	well Conti	ractor's Lice	nise No		I nis W	ater Wel	Kecc	oru was con	npie	eted on (mo-day-ye	заг)		· • • • • • • • • • • • • • • • • • • •	••••
ander the bushle	Se Hanne	end one copy to	WATER W	ELL OWN	ER and retair	one for vo	ır recor	rds. Fee of \$5	5.00 f	or each <u>constructed</u> we	:			
KS Department of	of Health and	d Environment,	Bureau of W	ater, Geol	ogy Section, 1	000 SW Ja	ckson S	St., Suite 420,	Торе	eka, Kansas 66612-136	Telepho	one 7	85-296-3	3565.
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