KOLAR Document ID: 1402543

WATER W		Division of Water Resources App. N				 Well II	⁻ [
Original Record Correction Chang LOCATION OF WATER WELL:			e in Well Fraction			Section Number			Township Numb		Range Number			
County:			1/4	1/4 1/2					1			□ E □ W		
2 WELL OWNER: Last Name: First: S							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:														
City: State: ZIP:														
3 LOCATE V	VELL													
WITH "X", IN 4 DEPTH OF COMI							ft.							
SECTION I	SECTION BOX: Depth(s) Groundwater Encountered: 1)													
N	2) ft. 3) ft., or 4) \[\begin{align*} WELL'S STATIC WATER LEVEL:													
X		below land surface, measured on (mo-day-yr)							<u>Latitude/Longitude</u> unit make/model:			,		
NW	NE	above land surface, measured on (mo-day-yr								WAAS enabled?				
	i	Pump test data: Well water was ft.					☐ Land Survey ☐ Topographic Map				,			
w	Е	after hours pumpinggp						Online Mapper:						
SW	SE	Well water was ft. after hours pumping gr												
		Estimated Yield:gpm					6 Elevation:ft.				. 🔲 Grou	and I	Level 🔲 TOC	
S		Bore Hole Diameter: in. to					g				☐ GPS ☐ Topographic Map			
1 mile-		in. to								ther				
7 WELL WA	TER TO	BE USED A	AS:											
1. Domestic: 5. ☐ Public Water Supply: well ID														
☐ Household 6. ☐ Dewatering:										e: well ID				
☐ Lawn & Garden 7. ☐ Aquifer R ☐ Livestock 8. ☐ Monitorin										☐ Uncased ☐ Gal: how many bores				
☐ Livestock 2. ☐ Irrigation					tion: well II					Loop Horizont				
3. Feedlot			Air Sparge		Soil Vapor					Loop Surface Di				
4. Industrial		Injection	13. Other (specify):											
Was a chemic	al/bacteri	ological san	nple subm	itted to I	KDHE?	Yes \square 1	No :	If yes, date	e sar	nple was submitte	d:			
Water well dis					_	_		•		1				
8 TYPE OF	CASING	USED: □ S	teel PV	C 🗌 Othe	er	CA	SIN	G JOINTS	S: 🗆	Glued Clamped	l 🗌 Wel	ded	☐ Threaded	
										in. to				
Casing height al					ht	lbs.	/ft.	Wall thicl	kness	or gauge No		••		
TYPE OF SCI										7 (6)				
☐ Steel ☐ Brass		less Steel anized Steel	☐ Fiber ☐ Conc	C	□ PVC	ised (open	hala)		her (Specify)			•••••	
SCREEN OR					☐ None (iseu (open	noie)							
☐ Continuo		☐ Mill Slot		auze Wrap	ped To	orch Cut	□ Dri	illed Holes	П	Other (Specify)				
☐ Louvered		☐ Key Punch						ne (Open F		(-1),				
SCREEN-PER	RFORATE	D INTERVA	ALS: From	1	. ft. to	ft., Fro	m	ft. t	o	ft., From	ft.	to	ft.	
GRA	VEL PAC	K INTERV	ALS: Fron	n	. ft. to	ft., Fro	m	ft. t	o	ft., From	ft.	to.	ft.	
				_	•							••••		
Nearest source				It., From	١	It. to	• • • • • • •	It., From	••••	ft. to	It.			
Septic Tan			Lateral Line	s F	☐ Pit Privy			ivestock Pe	ens	☐ Insection	cide Stora	ıoe.		
Sewer Line			Cess Pool		☐ Sewage La	goon		uel Storage		☐ Abando			/ell	
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well														
☐ Other (Specify) Direction from well? ft.														
		FROM TO LITHO. LOG (cont.) or PLUGGING INTERV						INTEDMALC						
10 FROM	TO		ITHOLOG	JIC LUG		FRON	1	10	LH	no. Log (cont.) of	PLUGG.	ING	INTERVALS	
													-	
						<u> </u>								
						Notes:								
11 CONTRA	CTOR'S	OR LANDO)WNFR'S	CERTI	FICATION	V: This w	ater	well was I	7.00	onstructed, \square reco	nstructe	-d 0	r 🗌 plugged	
under my juris	diction an	d was compl	eted on (m	no-day-ye	ar)		and th	nis record	is trı	ie to the best of m	y knowle	edge	e and belief.	
under my jurisdiction and was completed on (mo-day-year)														
under the busin	under the business name of													
KS Department	S of Health ar	end one copy to d Environment	OWATER W . Bureau of V	ELL OWN Vater, Geole	EK and retain	one for your 000 SW Jack	record	as. Fee of \$5 t Suite 420	5.00 f Tone	or each <u>constructed</u> we eka, Kansas 66612-136	eil. 57. Teleph	one î	785-296-3565	
Visit us at http://				, 50010				, 120,	- ope	.,			A 82a-1212	