KOLAR Document ID: 1470635

WATER WI								sion of Wate					
☐ Original Rec		Correction		e in Well U				ırces App. N			Well ID		
1 LOCATION OF WATER WELL:			Fraction 1/4 1/4 1/4 1/4			Sect	Section Number		Township Numb		ange Number		
County:			1/4	1/4 1	ъ	T S R □ E □ W							
2 WELL OWNER: Last Name:							al Address where well is located (if unknown, distance and						
Business: Address:	direction from r				earest town or intersection): If at owner's address, check here:								
Address:													
City:			State:	ZIP:	ZIP:								
3 LOCATE W	DI ETEI	WEII.		£.	5 T 04:4-	J			(1 ' 11)				
WITH "A" IN Donth(s) Crowndryston I			PLETED WELL: 1 Encountered: 1) ft.										
SECTION BOA:			s) ft., or 4) ☐ Dry Well				Longitude:						
				ΓER LEVEL: ft.						Latitude/Longitude		NAD 21	
□ below land surface.			, measured on (mo-day-yr)				GPS (unit make/model:)						
				, measured on (mo-day-yr)				(WAAS enabled? ☐ Yes ☐ No)					
Pump test data: Well w			vater was ft.				☐ Land Survey ☐ Topographic Map						
			s pumping gpm				Online Mapper:						
CM CE				ll water was ft.									
		after hours pumping gp Estimated Yield:gpm					6 Elevation :ft. ☐ Ground Level ☐ TOC						
S Bore Hole Diamet					to	ft. and		Source: Land Survey GPS Topographic Ma				Гороgraphic Map	
				in. to ft.				Other					
7 WELL WAT	TER TO	BE USED A	AS:					•					
1. Domestic:		5. □	Public Wat	ter Supply:	well ID			10. 🔲 Oi	il Fie	eld Water Supply: 16	ease		
			g: how many wells?				11. Test Hole: well ID						
			echarge: well ID				☐ Cased ☐ Uncased ☐ Geotechnical						
				g: well ID				12. Geothermal: how many bores?					
	2. Irrigation 9. Environmenta						a) Closed Loop						
3. ☐ Feedlot ☐ Air Sparge 4. ☐ Industrial ☐ Recovery					Soil Vapor	1	b) Open Loop Surface Discharge Inj. of Water 13. Other (specify):						
	10				☐ Injection								
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:													
				a -			A CINI	C IODITTO	_	1.01 1.00	. 🗆 🕶	1 🗆 🗆	
										Glued Clamped			
Casing diameter. Casing height about										or gauge No			
TYPE OF SCR					III	108	o./1t.	wan uncr	diess	s of gauge 110			
☐ Steel	LLIV OIC. ☐ Stainle		. 1011 WIA1	LINIAL.	☐ PVC			□ Otl	ner (S	Specify)			
☐ Steel ☐ PVC ☐ Other (Specify) ☐ Brass ☐ Galvanized Steel ☐ None used (open hole)													
SCREEN OR P			NINGS AF	RE:	_	· · · · · · · · · · · · · · · · · · ·	/						
☐ Continuous	s Slot	☐ Mill Slot	☐ Ga	uze Wrapj						Other (Specify)			
☐ Louvered S	Shutter [☐ Key Punch	ned W	ire Wrappe				one (Open H					
										ft., From			
										ft., From			
												• • • • • • • • • • • • • • • • • • • •	
									• • • • •	ft. to	ft.		
Nearest source o Septic Tank			on: No Lateral Lines		ource of co Pit Privy	ntaminatio				□ Imagativ	aida Stanac		
☐ Septic Talk ☐ Sewer Lines			Cess Pool			agoon		Livestock Pe Fuel Storage			cide Storag		
□ Sewer Lines □ Cess Pool □ Sewage Lagoon □ Fuel Storage □ Abandoned Water Well □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well													
☐ Other (Spec							_					-	
Direction from well? Distance from well													
10 FROM	TO	I	ITHOLOG	GIC LOG		FRO	M	TO	LIT	HO. LOG (cont.) or	: PLUGGI	NG INTERVALS	
						1							
						Notes	S:						
11 CONTED AC	CTODIC 4	ODIANDA	MAIDIC	CEDAN	ETC A TOTA	NI. mi.:		11 · - Г	-	maturated 🗖			
										onstructed, \square reco			
Kansas Water V	Well Cont	ractor's Lice	ense No	o-uay-ye	This W	ater Wel	anu u Reco	ord was cor	is ut nnle	ue to the best of meted on (mo-day-ye	y Knowie ear)	age and belief.	
under the busine	ess name	of			11113 **					on (mo-day-y)			
	Se	end one copy to	WATER W	ELL OWNI	ER and retain	one for you	ır recor	rds. Fee of \$5	5.00 f	or each constructed we	2 11.		
KS Department of	of Health and	d Environment	, Bureau of W	/ater, Geolo	gy Section, 1	000 SW Ja	ekson S	St., Suite 420,	Торе	eka, Kansas 66612-136	Telepho	ne 785-296-3565.	
Visit us at http://v	www.kdheks	s.gov/waterwel	l/index.html								K	SA 82a-1212	