KOLAR Document ID: 1466788

WATER W			Form V					sion of Wate						
Original Rec		Correction		e in Well				urces App. N			Well II			
1 LOCATION OF WATER WELL:			Fraction			Sect	tion Numbe	er	Township Numb		Range Number R □ E □ W			
County:			1/4	1/4 1/	4 1/4									
2 WELL OWNER: Last Name:			First:				al Address where well is located (if unknown, distance and							
Business: Address:			from no	m nearest town or intersection): If at owner's address, check here:										
Address:														
City:			State:	ZIP:										
3 LOCATE WELL 4 DEPTH OF COM				IPLETED WELL: ft.				5 Latitude:(decimal degrees)						
WITH "A" IN Donth(s) Crowndwater I			Encountered: 1) ft.				Longitude:							
SECTION BOX: 2) ft 3			i) ft., or 4) □ Dry Well						e: WGS 84				grees)	
			ΓER LEVEL: ft.						Latitude/Longitude		INAI	DZI		
			and surface,				···· GPS (unit make/model:)	
NW N		☐ above land surface, measured on (mo-day-yr)							WAAS enabled?				ŕ	
			test data: Well water was ft. after hours pumping gp.							Survey 🔲 Topogra				
W E after							Online Mapper:					• • • • • • • • • • • • • • • • • • • •		
SW SE		Well water was ft. after hours pumping gp												
		Estimated Yield:gpm						6 Elevation :ft. ☐ Ground Level ☐ TOC						
S					in. to ft. an			Source			and Survey GPS Topographic Map			
1 mile										Other				• • • • • •
7 WELL WATER TO BE USED AS:														
1. Domestic:			Public Wat							eld Water Supply: 16				
☐ Household 6. ☐ Dewaterin									e: well ID					
☐ Lawn & Garden 7. ☐ Aquifer Ro														
☐ Livestock 8. ☐ Monitoring 2. ☐ Irrigation 9. Environmenta										how many bores?				
2. ☐ Irrigation 9. Environmenta 3. ☐ Feedlot ☐ Air Sparge					ltion. wen i Soil Vapor			a) Closed Loop ☐ Horizontalb) Open Loop ☐ Surface Discha						
4. ☐ Industrial ☐ Recovery				Injection	Latraction		13. Other (specify):							
Was a chemica	al/hactari					l Vos 🗆	No			nple was submitte				
Water well disi				itteu to i	XDIIE:	i i es 🗀	110	ii yes, dad	Sai	inpic was submitte	u			••••
				¬ □ Othe	or	С	ASIN	G IOINTS		Glued Clamped		led [☐ Threa	ded
										in. to				ucu
Casing height abo										s or gauge No				
TYPE OF SCR														
☐ Steel ☐ Stainless Steel ☐ PVC									☐ Other (Specify)					
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)														
SCREEN OR P					_		_		_					
Continuous		☐ Mill Slot		uze Wrap						Other (Specify)		• • • • • •	• • • • • • • • • • • • • • • • • • • •	
Louvered S	Shutter FOD ATE	☐ Key Punci	ieu 🗀 Wi	ire wrapp				one (Open H		ft., From	ft	to	£	4
										ft., From				
										ft. to		,	•••••	
Nearest source of					source of co									
☐ Septic Tank			Lateral Lines	s [☐ Pit Privy			Livestock Pe	ns	☐ Insection	cide Stora	ge		
☐ 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	:II		
☐ Other (Specify)														
	TO		ITHOLOG			FRO						NG I	INTERV	AIS
10 TROM	10		IIIOLOG	ore Log		TRO	IVI	10	L/11	110. LOG (cont.) of	1 LUGGI	NOI	INTERV	ALS
						Notes	s:	<u>l</u>						
						1						_		
										onstructed, \square reco				
under my jurisd	diction and	i was compl	eted on (m	o-day-ye	ar)	7.4. 377 1	and the	his record i	s tru	ue to the best of m	y knowle	dge	and beli	ief.
Kansas Water	Well Cont	ractor's Lice	ense No		This W	ater Wel	ı Keco	ord was con	nple	eted on (mo-day-ye	ear)	• • • • • •	• • • • • • • • • • • • • • • • • • • •	
unuel the bush	Sillan eesi	end one conv to	WATER W	ELL OWN	ER and retain	one for you	ır reco	rds. Fee of \$5	f	or each <u>constructed</u> we		••••	•••••	••••
KS Department of	of Health an	d Environment	, Bureau of W	ater, Geolo	ogy Section, 1	.000 SW Ja	ckson S	St., Suite 420,	Торе	eka, Kansas 66612-136	57. Telepho	one 78	35-296-35	65.
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