KOLAR Document ID: 1601710

WATER W								sion of Wate							
Original Re		Correction		e in Well				urces App. N			Well II				
1 LOCATION OF WATER WELL:			Fraction 1/4 1/4 1/4 1/4			Sect	ion Numbe	er	Township Numb T S		Range Number				
County:			1/4	1/4 1/			R								
2 WELL OWNER: Last Name:			First:			r Rural Address where well is located (if unknown, distance and									
Business: Address:			direction	n from nearest town or intersection): If at owner's address, check here:											
Address:															
City: State:				ZIP:											
3 LOCATE WELL 4 DEPTH OF COM				DI DED	DWELL.		£.	5 Latitude:(decimal degrees)							
			PLETED WELL:ft.												
SECTION BOX: 2) ft 3			(3) ft., or (4) \square Dry Well				Longitude: (decimal degrees) Datum: WGS 84 NAD 83 NAD 27								
			ΓER LEVEL: ft.				Source for Latitude/Longitude:								
below land sur								GPS (unit make/model:)		
NW		above land surface, measured on (mo-day-yr))			
		ump test data: Well water was ft.					\Box \Box L	Survey Topogra			-)				
W E after			after hours pumping gp					Online Mapper:							
SW SE		Well water was ft.													
3w 3E		after hours pumping gr						6 Elevation:ft. ☐ Ground Level ☐ TOC							
 X S		Estimated Y			4-	£1	Source: Land Survey GPS Topographic Map								
~					in. to ft.			Bource		Other					
1 mile in. to ft. Uother															
1. Domestic:	LIER IU			ter Sunnls	: well ID			10 🗆 🗀] Fie	eld Water Supply: 16	ease				
☐ Household 6. ☐ Dewaterin								: well ID				•••••			
☐ Lawn & Garden 7. ☐ Aquifer Ro									d Uncased Geotechnical						
☐ Livestock 8. ☐ Monitorin								al: how many bores							
2. ☐ Irrigation 9. Environmenta							a) Cl	osed	ed Loop						
3. ☐ Feedlot ☐ Air Sparge] Soil Vapor	Extraction	1	b) Open Loop Surface Discharge In								
4. Industrial			Recovery		Injection			13. 🗌 Ot	her ((specify):					
Was a chemic	cal/bacteri	ological san	nple subm	itted to l	KDHE?	Yes 🗌	No	If yes, date	e sar	nple was submitte	d:				
Water well dis	sinfected?	☐ Yes ☐	No												
										Glued Clamped			☐ Th	readed	
								ft., Dian	neter	in. to		ft.			
Casing height at						lbs	s./ft.	Wall thick	iness	s or gauge No	• • • • • • • • • • • • • • • • • • • •	••			
TYPE OF SCREEN OR PERFORATION MATERIAL:															
☐ Steel ☐ Stainless Steel ☐ PVC ☐ Novembel (countries)									Other (Specify)						
☐ Brass ☐ Galvanized Steel ☐ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:															
☐ Continuo		∏ Mill Slot		xe. iuze Wrap	med □T	orch Cut		illed Holes	\Box	Other (Specify)					
		☐ Killi Slot ☐ Key Punch						one (Open H				•••••		•••	
SCREEN-PER	RFORATE	D INTERVA	ALS: From	l						ft., From	ft.	to.		ft.	
										ft., From					
										ft. to					
Nearest source		contamination	on: No	potential	source of co										
☐ Septic Tan			Lateral Lines		☐ Pit Privy			Livestock Pe		☐ Insection					
☐ Sewer Line			Cess Pool		Sewage L			Fuel Storage		Abando			Vell		
☐ Watertight			Seepage Pit		☐ Feedyard		∐ŀ	Fertilizer Sto	rage	e ☐ Oil We	II/Gas W	ell			
☐ Other (Specify)															
10 FROM	TO		ITHOLOG			FRO				HO. LOG (cont.) or		INC	INTE	RVALS	
10 TROM	10		IIIOLOG	ne Loo		TRO	111	10	LII	110. Log (cont.) of	TECCO	1110	111111	KVILD	
											-				
													-		
						Notes	s:	I							
										onstructed, 🗌 reco					
under my juris	sdiction and	d was compl	eted on (m	o-day-ye	ear)		and the	his record i	s tru	ue to the best of m	y knowle	edg	e and l	belief.	
Kansas Water	Well Cont	ractor's Lice	ense No	• • • • • • • • • • • • • • • • • • • •	This W	ater Wel	Reco	ord was cor	nple	eted on (mo-day-ye	ear)	• • • •			
under the busin	ness name	ord one commit	WATED W	ELL OWN	ED and matain	one for	ır rocc:	rde Eas af ¢ =		or each <u>constructed</u> we		••••	<u></u>		
KS Department	So t of Health an	d Environment	, WAIEK WI Bureau of W	ater. Geol	DEN AND RETAIN Ogy Section. 1	000 SW Ja	n recor ckson S	ius. ree 01 \$5 St., Suite 420	Tone	or each <u>constructed</u> we eka, Kansas 66612-136	л. 57. Telenh	one	785-29 <i>€</i>	5-3565.	
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