KOLAR Document ID: 1565393

WATER WELL	vision of Water		W 11 ID						
Original Record		ge in Well Use		sources App. No.		Well ID	N. 1		
1 LOCATION OF	WATER WELL:	Fraction		ection Number	Township Numb		nge Number		
County:		1/4 1/4 1/4		1 4 1 1	T S	R	□ E □ W		
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and									
Business: direction from nearest town or intersection): If at owner's address, check here:									
Address:									
City:	State:	ZIP:							
3 LOCATE WELL	4 DEPEN OF COL								
WITH "X" IN	TH "X" IN 4 DEPTH OF COMPLETED WELL:								
SECTION BOX:	Depth(s) Groundwater Encountered: 1)				Longitude:(decimal degrees)				
N	2) ft., or 4) \(\subseteq \subseteq \text{Dry} \) WELL'S STATIC WATER LEVEL:				□ WGS 84 □ NAI		NAD 27		
below land surface, measured on (mo-day-yr)					or Latitude/Longitude		,		
X X	above land surface, measured on (mo-day-yr)								
-2NWNE	Pump test data: Well water wasft.				☐ Land Survey ☐ Topographic Map				
w H	E after hours pumping			Online Mapper:					
	Well water was ft.								
after hours pumping			gpm	6 Florestian: ft Cround I avail TOC					
	Estimated Yield:				6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map				
S		in. to			Other				
1 mile III. to II.									
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID									
1. Domestic:			10. Oil Field Water Supply: lease						
	☐ Household 6. ☐ Dewatering: how many wells? ☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID								
_	Livestock 8. Monitoring: well ID								
2. ☐ Irrigation					a) Closed Loop Horizontal Vertical				
3. ☐ Feedlot					b) Open Loop Surface Discharge Inj. of Water				
4. ☐ Industrial	☐ Recovery			r (specify):					
4. Industrial Recovery Injection 13. Other (specify):									
Water well disinfected? \square Yes \square No									
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded									
Casing diameter in. to									
Casing height above land surface in. Weight									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify)									
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)									
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)									
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft., From ft.									
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft.									
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other									
Grout Intervals: From ft. to ft., From ft., From ft. to ft.									
Nearest source of possible contamination: No potential source of contamination within 200 ft.									
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage									
Sewer Lines	Cess Pool	☐ Sewage La		Fuel Storage		oned Water			
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well									
☐ Other (Specify)									
10 FROM TO	LITHOLO		FROM		ITHO. LOG (cont.) or		GINTERVALS		
10 11(01)1 10	Limolov	GIC EOU	1 KOW	10 L	TITO. LOG (COIII.) OI	LUCCIN	O II (I LIK (ALS)		
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			Notes:	<u> </u>					
	110005								
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged									
under my jurisdiction and was completed on (mo-day-year) and this record is true to the best of my knowledge and belief									
under my jurisdiction and was completed on (mo-day-year)									
under the business name of									
Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.									
KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.									
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212									