KOLAR Document ID: 1378721

| WATER V | | | sion of Wate irces App. N | | Well ID | | | | | | | | | |
|--|---|--|------------------------------|--|---------------------------------|-----------------------------|---|---------------------------------|----------------|--|-------------------------|-------------|---------------|--|
| Original Record Correction Chang LOCATION OF WATER WELL: | | | Fraction | | | Section Number | | | Township Numb | | Range Number | | | |
| County: | | | 1/4 | 1/4 1/2 | | | | | 1 | | | □E □W | | |
| | | | | | | | 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 | WELL | | | | | | | | | | | | | |
| WITH "X" | | | TH OF COMPLETED WELL: | | | | | | | | | | | |
| SECTION | SECTION BOX: Depth(s) Groundwater Encountered: 1 | | | | | | 1 | Longitude:(decimal degrees) | | | | | | |
| N | 2) ft. 3) ft., or 4) \(\subseteq WELL'S STATIC WATER LEVEL: | | | | | | | | | | | | D 27 | |
| | | 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? | | | | |
| | 1 | Pump test data: Well water was ft. | | | | | ☐ Land Survey ☐ Topographic Map | | | | , | | | |
| w | Е | after hours pumpinggp | | | | | | | nline | e Mapper: | | | | |
| SW - | - SE | Well water was ft. after hours pumping gp | | | | | | | | | | | | |
| | | Estimated Yield:gpm | | | | | 6 Elevation:ft. □ | | | | | ınd I | Level □ TOC | |
| S | | Bore Hole Diameter: in. to | | | | | | | | |] GPS ☐ Topographic Map | | | |
| 1 mil | le | in. to | | | | | | | | | | | | |
| 7 WELL W | ATER TO | | | | | | | | | | | | | |
| 1. Domestic: 5. Public Water Supply: well ID | | | | | | | | | | | | | | |
| | | | | Dewatering: how many wells? Aquifer Recharge: well ID | | | | | | ole: well ID | | | | |
| | | | | _ | | | | | | sed Uncased Geotechnical ermal: how many bores? | | | | |
| 2. ☐ Irrigation | ☐ Livestock 8. ☐ Monitoring: we 2. ☐ Irrigation 9. Environmental Rem | | | | | | | | | Loop Horizon | | | | |
| 3. ☐ Feedlot ☐ Air Sparge | | | | | Soil Vapor | | •••• | | | Loop Surface Di | | | | |
| 4. Industria | | Injection | | 13. Other (specify): | | | | | | | | | | |
| Was a chemi | ical/bacteri | ological san | nple subm | itted to F | KDHE? | Yes \square 1 | No : | If yes, date | e sar | nple was submitte | d: | | | |
| Water well d | | | | | _ | _ | | • | | ı | | | | |
| 8 TYPE OF | CASING | USED: □ S | teel PV | C 🔲 Othe | r | CA | SIN | G JOINTS | S: 🗆 | Glued Clamped | l 🗌 Weld | ded | ☐ Threaded | |
| | | | | | | | | | | in. to | | | | |
| Casing height | | | | | ht | lbs. | ft. | Wall thick | kness | or gauge No | | •• | | |
| TYPE OF SC | | | | | | | | | | 7 (0) | | | | |
| ☐ Steel ☐ Brass | | less Steel anized Steel | ☐ Fiber ☐ Conc | C | ☐ PVC | ised (open | hala) | | ner (S | Specify) | | •••• | ••••• | |
| SCREEN OR | | | | | ☐ None (| iseu (open | noie) | | | | | | | |
| ☐ Continu | | ☐ Mill Slot | | auze Wrap | ped □ To | orch Cut | □ Dri | illed Holes | П | Other (Specify) | | | | |
| ☐ Louvere | | ☐ Key Punch | | | | | | ne (Open H | | | | | | |
| SCREEN-PE | ERFORATE | D INTERVA | ALS: From | 1 | ft. to | ft., Fro | m | ft. to | o | ft., From | ft. | to | ft. | |
| GRA | AVEL PAC | K INTERV | ALS: Fron | n | ft. to | ft., Fro | m | ft. t | o | ft., From | ft. | to . | ft. | |
| | | | | _ | | | | | | | | • • • • • | | |
| Nearest source | | | | It., From | ••••• | It. to | • • • • • • | It., From | •••• | ft. to | It. | | | |
| Septic Ta | | | Lateral Line | s F | Pit Privy | | | ivestock Pe | ens | ☐ Insection | cide Stora | σe. | | |
| Sewer Li | | | 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. | | | | | | | | | | | | | | |
| | | | ITHOLOG | | ance from w | | | | | tt. HO. LOG (cont.) or | | INIC | INTERNALC | |
| 10 FROM | TO | | ATHOLOG | JIC LUG | | FRON | 1 | TO | LH | no. Log (cont.) of | PLUGG | ING | INTERVALS | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | 1 | | | | | | | | |
| | | | | | | Notes: | | | | | | | | |
| - | | | | | | - | | | | | | | | |
| 11 CONTR | ACTOR'S | OR LANDO |)WNER'S | SCERTI | FICATION | V: This w | ater | well was F |] cc | onstructed, reco | onstructe | <u>d. o</u> | r 🗌 plugged | |
| under my juri | isdiction 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. | |
| Kansas Wate | r Well Cont | tractor's Lice | ense No | | This W | ater Well | Reco | rd was coi | mple | eted on (mo-day-y | ear) | | | |
| under the bus | siness name | of | - XX/A/DDD XX | TELL OTTE | ED 1 1 | £ | | 1- F CC | | or each <u>constructed</u> we | | <u></u> | | |
| KS Departmen | S nt of Health ar | ena one copy to d Environment | WAIEK W Bureau of V | ELL OWNI Vater. Geolo | ck and retain gy Section. 10 | one for your 000 SW Jack | record | us. ree of \$5 t., Suite 420 | 1 UU.c Tone | or each <u>constructed</u> we eka, Kansas 66612-136 | и. 57. Telenh | one 7 | 185-296-3565. | |
| - | | s.gov/waterwel | | , 22320 | <i>O</i> , | | | , , | -1- | , | | | A 82a-1212 | |