KOLAR Document ID: 1580717

| WATER WELL RECORD ☐ Original Record ☐ Correction ☐ Change in Well Use | | | | | | | oivision of esources A | | | Well ID | | |
|--|--|---|---------------------------|-------------------|-------------|---------------|---|---|---|----------------------------|-----------------|--|
| | | | | Fraction | | | ection Nu | | Township Numb | | nge Number | |
| County: | | | 1/4 1/4 | 1/4 | | ection i va | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | | | | |
| · | | | | | | Street or I | treet or Rural Address where well is located (if unknown, distance and | | | | | |
| | | | | | | direction fro | irection from nearest town or intersection): If at owner's address, check here: | | | | | |
| Address: | Address: Address: | | | | | | | | | | | |
| City: | | | State: | ZIP: | | | | | | | | |
| 3 LOCAT | E WELL | | | | Į. | | | | | | | |
| | WITH "X" IN 4 DEPTH OF COMPLET | | | | | | | |): | | | |
| SECTIO | Depth(s) Groundwater Encountered: 1) | | | | | — | | | | | | |
| N | 2) ft. 3) ft., or 4) \(\subseteq WELL'S STATIC WATER LEVEL: | | | | | | | | | | | |
| | | below land surface, measured on (mo-day-yr | | | | | | | or Latitude/Longitude (unit make/model: | | , | |
| NW | NF | above land surface, measured on (mo-day-yr | | | | | | | | | | |
| | i l | Pump test data: Well water was ft. | | | | t. | ☐ Land Survey ☐ Topograp | | | | , | |
| w | E | after hours pumpinggr | | | | | | ☐ Online Mapper: | | | | |
| SW | X | Well water was ft. | | | | | | | | | | |
| | ī | after hours pumping gp Estimated Yield:gpm | | | | gpm | 6 Elevation:ft. □ Groun | | | . Ground | d Level □ TOC | |
| | S | Bore Hole Diameter: in. to | | | | ft. and | | | | | | |
| 1 n | | in. to | | | | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | |
| 1. Domestic: 5. ☐ Public Water Supply: well ID | | | | | | | | | | | | |
| _ | ☐ Household 6. ☐ Dewatering: how many wells | | | | | | | 11. Test Hole: well ID | | | | |
| = | | | | charge: well ID | | | | | l ☐ Uncased ☐ | | | |
| 2. ☐ Irrigati | ☐ Livestock 8. ☐ Monitoring: well ID | | | | | | | | | | | |
| 3. ☐ Feedlo | | |] Air Sparge | | | Extraction | | | Closed Loop ☐ Horizontal ☐ Vertical Open Loop ☐ Surface Discharge ☐ Inj. of Water | | | |
| 4. ☐ Industrial ☐ Recovery | | | | | ☐ Injection | | | 13. Other (specify): | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted: | | | | | | | | | | | | |
| Water well disinfected? Yes No | | | | | | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other | | | | | | | | | | | | |
| Casing diameter in. to | | | | | | | | | | | | |
| Casing height above land surface | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | |
| | | ☐ Key Puncl | | | | | None (Op | | | | | |
| SCREEN-P | | | | | | | | | ft., From | ft. to | ft. | |
| Gl | RAVEL PAC | K INTERV | ALS: Fron | 1 ft. to | | ft., Fror | 1 | ft. to | ft., From | ft. to | ft. | |
| 9 GROUT | MATERIA | L: 🗌 Neat o | cement | Cement grout | □ Be | entonite [| Other | | | | | |
| | | | | . ft., From | | ft. to | ft., F | rom | ft. to | ft. | | |
| | rce of possible | | | potential source | | | | | | 1 0 | | |
| ☐ Septic '☐ Sewer I | | | Lateral Line Cess Pool | | | | ☐ Livestoc ☐ Fuel Sto | | | cide Storage oned Water | | |
| | ght Sewer Lin | | | ☐ Fee | | | ☐ Fertilize | | | ell/Gas Well | | |
| Other (Specify) | | | | | | | | | | | | |
| | | | | | from w | | | | ft | | | |
| 10 FROM | TO | I | ITHOLOG | GIC LOG | | FROM | TO | Lľ | THO. LOG (cont.) or | r PLUGGIN | G INTERVALS | |
| | | | | | | | | | | | | |
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| | | | | | | Notes: | | • | | | | |
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| | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | |
| under the b | under the business name of | | | | | | | | | | | |
| 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. | | | | | | | | | | | | |
| KS Departn | nent of Health ar | nd Environment | , Bureau of V | Vater, Geology Se | ection, 10 | 000 SW Jacks | on St., Suite | 420, Top | oeka, Kansas 66612-136 | 67. Telephon | e 785-296-3565. | |
| Visit us at h | ttp://www.kdhek | ks.gov/waterwel | 1/1ndex.html | | | | | | | K. | SA 82a-1212 | |