KOLAR Document ID: 1582613

	WELL R						ivision of Wa			W 11 FD		
	l Record CLONIOE W			e in Well Use Fraction			sources App.		Township Numb	Well ID	u a a Nivershau	
1 LOCATION OF WATER WELL: County:			1/4 1/4 1/4 1/4			Section Number Township N			mber Range Number S R □ E □ W			
2 WELL OWNER: Last Name: First:					74		reet or Rural Address where well is located (if unknown, distant					
							irection from nearest town or intersection): If at owner's address, check here:					
Address:												
Address:	Address: City: State: ZIP:											
2 LOCATE WELL						_						
WITH "V", IN 4 DEPTH OF CO.									: -			
	SECTION BOX: Depth(s) Groundwater Encountered: 1) 2)							Longitude: (decimal degrees) Datum: WGS 84 NAD 83 NAD 27				
Ŋ	WELL'S STATIC WATER LEVEL: .							Source for Latitude/Longitude:				
	X T	below land surface, measured on (mo-day-yr							(unit make/model:)	
NW	NE	above land surface, measured on (mo-day-yr						((WAAS enabled?	Yes 🔲 i		
		Pump test data: Well water wasft. after hours pumpinggr						☐ Land Survey ☐ Topographic Map ☐ Online Mapper:				
W	E	Well water was ft.										
SW	SE	after hours pumping gp										
		Estimated Yield:gpm					6 Elevation:ft. Ground Level TOC					
· ·	S	Bore Hole Diameter: in. to					d Source: Land Survey GPS Topographic					
	1 mile in. to ft.											
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID												
☐ Household								11. Test Hole: well ID				
☐ Lawn & Garden 7. ☐ Aquifer R			echarge: well ID		. 🗆 🗘	Cased	☐ Uncased ☐ Geotechnical					
				g: well ID			12. Geothermal: how many bores?					
2. ☐ Irrigati 3. ☐ Feedlo					Remediation: well ID			a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water				
3. ☐ Feedlot ☐ Air Sparge 4. ☐ Industrial ☐ Recovery				☐ Injectio	Extraction		13. Other (specify):					
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:												
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 lbs./ft. Wall thickness or gauge No												
TYPE OF SCREEN OR PERFORATION MATERIAL:												
☐ Steel ☐ PVC ☐ Other (Specify)												
SCREEN OR PERFORATION OPENINGS ARE:												
		☐ Mill Slot			□ То	orch Cut 🔲	Drilled Holes	s 🗆	Other (Specify)			
☐ Louve	red Shutter	☐ Key Punch	ed 🔲 W	ire Wrapped	□ Sa	ıw Cut 🔲	None (Open	Hole))			
									ft., From			
									ft., From			
									Ω			
		II. to e contaminatio	No	π., From potential source of	 f.con	II. to Itamination v	π., Fron vithin 200 ft	n	ft. to	π.		
☐ Septic			ateral Line				Livestock F	ens	☐ Insection	cide Storage	e	
☐ Sewer	Lines		Cess Pool	☐ Sewag			☐ Fuel Storag		☐ Abando	oned Water	Well	
	ight Sewer Lin		eepage Pit				Fertilizer S	torag	e □ Oil We	ell/Gas Well	Į	
☐ Other (Specify)												
10 FROM	TO		ITHOLOG		III W	FROM	ТО		 ГНО. LOG (cont.) от		JG INTERVALS	
10 110111	10		IIIIOLO	310 200		TROM	10	LI	riio. Eo o (conc.) oi	TECCON	IG ITTERVILES	
										_		
							1					
						Notoni		<u> </u>				
						Notes:						
11 CONT	RACTOR'S	OR LANDO	WNER'S	S CERTIFICAT	'IOI'	N: This wa	ter well was	Пс	onstructed, \square reco	onstructed.	or plugged	
under my jurisdiction and was completed on (mo-day-year)												
Kansas Wa	ter Well Con	tractor's Lice	nse No	This	s Wa	ater Well R	ecord was co	ompl	eted on (mo-day-ye	ear)		
under the b	usiness name	Send one conv to	WATER W	ELL OWNER and re	etain	one for vour re	ecords. Fee of S	 85.00	for each constructed we	<u></u>		
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 h	ttp://www.kdhel	ks.gov/waterwell	/index.html							K	SA 82a-1212	