KOLAR Document ID: 1530437

					Water		, , , , , , , , , , , , , , , , , , ,	, 11 ID		
Original Record 1 LOCATION OF W		e in Well Use		lesources Ap	_	Township N		ell ID	as Number	
County:	AIEK WELL:	Fraction 1/4 1/4 1/4		Section Nu	mber	Township I	Number S	R	ge Number □ E □ W	
2 WELL OWNER: L	ost Nama:			Rural Addr	ecc wh					
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:										
Address:										
Address:	Q	ZID.								
City:	State:	ZIP:								
3 LOCATE WELL WITH "X" IN	I /I DEPTH DECTIMIPIETED WELL.				5 Latitude:(decimal degrees)					
SECTION BOX:	Depth(s) Groundwater I	Encountered: 1)	ft.		Longitude:(decimal degrees)					
N N	2) ft. 3			Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27						
	WELL'S STATIC WATER LEVEL: below land surface, measured on (mo-day-yr).				Source for Latitude/Longitude:					
	☐ above land surface,									
NW NE	Pump test data: Well w									
W E	after hours			☐ Calid Survey ☐ Topographic Wap						
' '	Well w		L							
SW SE		s pumping	gpm 6 Floresti			on: ft				
X	Estimated Yield:			6 Elevation:ft. Ground Level TOC						
S 1 mile				30	Source: ☐ Land Survey ☐ GPS ☐ Topographic Map ☐ Other					
1 mile in. to ft. Uother										
1. Domestic:		ter Supply: well ID		10 [J Oil E:	eld Water Sun	nly: lesso			
☐ Household	6. ☐ Dewaterin			10. ☐ Oil Field Water Supply: lease						
Lawn & Garden	•				☐ Cased ☐ Uncased ☐ Geotechnical					
Livestock					12. Geothermal: how many bores?					
2. Irrigation		al Remediation: well ID			a) Closed Loop					
3. Feedlot	☐ Air Sparge ☐ Soil Vapor Extraction				b) 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?										
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded										
Casing diameter										
Casing height above land surface										
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., From ft., From ft.										
GRAVEL PACK INTERVALS: From ft., From ft., From ft., From ft., From ft.										
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other										
						ft. to	• • • • • • • • • • • • • • • • • • • •	ft.		
Nearest source of possibl ☐ Septic Tank	e contamination: No Lateral Line			Livestoc		□ T-	nsecticide	Storage		
Sewer Lines	☐ Cess Pool	☐ Sewage Lag		☐ Fuel Sto			Abandoned		Well	
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well										
☐ Other (Specify)										
		ft.								
10 FROM TO	LITHOLOG	GIC LOG	FROM	OT	LI	ГНО. LOG (co	nt.) or PL	<u>JGGIN(</u>	G INTERVALS	
					_					
			Notes:	•						
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 my jurisdiction at	ia was completed on (m	10-day-year)	a	nd this reco	ord is tr	ue to the best	ot my kr	iowledg	ge and belief.	
under the business name	mactor's License No	1 ms w a	ici well l	xecoru was	compl	cica on (mo-0	uay-year)			
GIAGI TIO OGGINOSS HAIR	Send one copy to WATER W	ELL OWNER and retain of	one for your	records. Fee	of \$5.00	for each construc	cted well.			
KS Department of Health a	nd Environment, Bureau of W									
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212										