KOLAR Document ID: 1509651

| WATER WELL RECORD ☐ Original Record ☐ Correction ☐ Change in Well Use | | | | | | vision of Water ources App. N | l l | Well ID | |
|--|---|--|--------------------------------|--------------------------------------|-------------------------|--|---|----------------------|--|
| 1 LOCATION OF WATER WELL: | | | Fraction | Section Number | | | 7. 4 | | |
| County: | | | | 1/4 1/4 1/4 | | | | | |
| | | | | | | Street or Rural Address where well is located (if unknown, distance and lirection from nearest town or intersection): If at owner's address, check here: | | | |
| | Address: Address: | | | | | | | | |
| City: | | _ | State: | ZIP: | | | | | |
| | ATE WELL I "X" IN | 4 DEPTH | I OF COM | APLETED WELL: . | PLETED WELL: ft. | | de: | (decimal degrees) | |
| | Depth(s) Groundwater Encountered: 1) | | | | | Longi | Longitude:(decimal degrees) | | |
| | N | 2) ft. 3) ft., or 4) \(\subseteq WELL'S STATIC WATER LEVEL: | | | | | Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27 Source for Latitude/Longitude: | | |
| | □ below land surface, measur | | | | neasured on (mo-day-yr) | | GPS (unit make/model:) | | |
| | | | test data: Well water was ft. | | | | (WAAS enabled? ☐ Yes ☐ No) | | |
| w , | after hou | | | s pumping | | | ☐ Land Survey ☐ Topographic Map ☐ Online Mapper: | | |
| ' 4 | | | | vater was f | t. | | | | |
| | after Estimated Yie | | | s pumping | gpm | 6 Elevat | 6 Elevation :ft. ☐ Ground Level ☐ TOC | | |
| | S | | Diameter: | in. to | | Source | Source: ☐ Land Survey ☐ GPS ☐ Topographic Map | | |
| mile in. to ft. | | | | | | | | | |
| 7 WELL WATER TO BE USED AS: 1. Domestic: 5. ☐ Public Water Supply: well ID | | | | | | | | | |
| ☐ Hou | ☐ Household 6. ☐ Dewatering: how many wells?. | | | | | 11. Test F | 11. Test Hole: well ID | | |
| | Lawn & Garden 7. ☐ Aquifer Recharge: well ID Livestock 8. ☐ Monitoring: well ID | | | | | _ | ☐ Cased ☐ Uncased ☐ Geotechnical 12. Geothermal: how many bores? | | |
| | ☐ Irrigation S. ☐ Molintoring. Well ID | | | | | | a) Closed Loop Horizontal Vertical | | |
| | ☐ Feedlot ☐ Air Sparge ☐ Soil Vap | | | | 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: | | | | | | | | | |
| 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 | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | |
| Grout Inte | ervals: From | ft. to | o | ft., From | ft. to | ft., From . | | | |
| | ource of possibl ic Tank | | ion: No Lateral Line | potential source of cones Pit Privy | | ithin 200 ft.] Livestock Pei | ng 🖂 Inggoti | cide Storage | |
| ☐ Sew | | | Cess Pool | | | Fuel Storage | | oned Water Well | |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | | | |
| ☐ Other (Specify) | | | | | | | | | |
| 10 FROM | | | LITHOLOG | | FROM | | | r PLUGGING INTERVALS | |
| | | | | | 1 | | | _ | |
| | | | | | 1 | + | | | |
| | | | | | | | | | |
| | | | | | 1 | | | | |
| | | | | | Notes: | | | | |
| | | | | | | | | | |
| 11. CONTRACTORIS OR LANDOWNERS CERTIFICATION TO THE STATE OF THE STATE | | | | | | | | | |
| 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) | | | | | | | | | |
| Kansas Water Well Contractor's License No | | | | | | | | | |
| under the | business name | Send one convit | O WATER W | /ELL OWNER and retain a | one for your re | cords Fee of \$5 | 00 for each constructed we | ell | |
| 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 | | | | | | | | | |

