KOLAR Document ID: 1482982

| WATER WELL RECORD ☐ Original Record ☐ Correction ☐ Change in Well Use | | | | | | | oivision of esources A | | | Well ID | | |
|---|--|---|-----------------|------------------|--------|-----------------------|---|--|-------------------------|---|-------------|--|
| | | | | Fraction | | | ımber | Township Numb | Township Number Range N | | | |
| County: | | | 1/4 1/4 1/4 1/4 | | | 0011011111 | | T S | | | | |
| a a many . | | | | | | Street or F | 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: | | | | | | | | , | , | _ | |
| Address: | | | | | | | | | | | | |
| City: | E WELL | 1 | State: | ZIP: | | | | | | | | |
| | ATE WELL H "X" IN 4 DEPTH OF COMPLETED WELL: | | | | | | ft. 5 Latitude:(decimal degrees) | | | | | |
| | CTION BOX: Depth(s) Groundwater Encountered: 1) | | | | ft. | | | | | | | |
| | N 2) ft. 3) ft., or 4) \square | | | | | | | | | | | |
| | WELL'S STATIC WATER LEVEL: | | | | | | Source for Latitude, Longitude. | | | | | |
| ' | | below land surface, measured on (mo-day-yr | | | | | | | (unit make/model: | | | |
| NW | NE | above land surface, measured on (mo-day-yr Pump test data: Well water was ft. | | | | | (11 15 0114010 | | | | √ 0) | |
| 33/ | | after hours pumpinggr | | | | | ☐ Land Survey ☐ Topographic M | | | | | |
| W | XE | Well water was ft. | | | | | | Online Mapper: | | | | |
| SW | SE | after hours pumping gp | | | | | | | | | | |
| | | Estimated Yield:gpm | | | | | 6 Elevation:ft. [| | | | | |
| : | S | Bore Hole Diameter: in. to | | | | ft. and | | | | ☐ GPS ☐ Topographic Map | | |
| | 1 mile in. to | | | | | | Other | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | |
| | 1. Domestic: 5. Public Water Supply: well ID | | | | | | | | | | | |
| | ☐ Household 6. ☐ Dewatering: how many | | | | | | | 11. Test Hole: well ID | | | | |
| = | | | | charge: well ID | | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | | |
| 2. ☐ Irrigati | Livestock 8. ☐ Monitoring: well ID | | | | | | | | | | | |
| 3. ☐ Feedlo | | |] Air Sparge | | | Extraction | | b) Open Loop Surface Discharge Inj. of Water | | | | |
| 4. ☐ Industrial ☐ Recovery | | | | | ion | 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 JOINTS: Glued Clamped Welded Threaded | | | | | | | | | | | | |
| 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: | | | | | | | | | | | | |
| _ | nuous Slot | ☐ Mill Slot | | auze Wrapped | | orch Cut | | | Other (Specify) | • | | |
| | | ☐ Key Puncl | | | | | None (Op | | :) ft., From | ft to | £. | |
| | | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | | | | |
| | | | | | | | | | ft. to | | , | |
| | rce of possible | | on: No | potential source | of con | tamination v | within 200 | ft. | | | | |
| ☐ Septic | | | Lateral Line | | | | Livesto | | ☐ Insection | cide Storage | : | |
| ☐ Sewer | | | Cess Pool | | | goon [| ☐ Fuel Sto | orage | ☐ Aband | oned Water | Well | |
| | ight Sewer Lin | | | ☐ Feed | | | ☐ Fertilize | er Storag | ge □ Oil We | ll/Gas Well | | |
| ☐ Other (Specify) | | | | | | | | | | | | |
| | | | | | | | | | C DIEEDIAA C | | | |
| 10 FROM | TO | 1 | ITHOLOG | FIC LOG | | FROM | TO | LI | THO. LOG (cont.) or | PLUGGIN | GINTERVALS | |
| | | | | | | | + | | | | | |
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| | | | | | | Notes: | 1 | <u> </u> | | | | |
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| | | | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was \square constructed, \square reconstructed, or \square plugged | | | | | | | | | | | | |
| under my jurisdiction and was completed on (mo-day-year) | | | | | | | | | | | | |
| Kansas Water Well Contractor's License No | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | |
| - | ttp://www.kdhel | | | | | | | - | | | SA 82a-1212 | |