KOLAR Document ID: 1562540

WATER WELL RECORD ☐ Original Record ☐ Correction ☐ Change in Well Use						Division of Water Resources App. No.				Well ID		
				Fraction			ection Nu		Township Numb		nge Number	
County:			1/4 1/4	1/4		ection i va	inoci	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				
·						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:									,	Ź	_	
Address:												
City:		I	State:	ZIP:								
	ATE WELL H "X" IN  4 DEPTH OF COMPLETED V				ELL:		ft. 5 La	5 Latitude:(decimal degrees)				
	Depth(s) Groundwater Encountered: 1)				)	ft.		Longitude:(decimal degrees)				
	$N$ 2) ft. 3) ft., or 4) $\square$											
	WELL'S STATIC WATER LEVEL:							urce fo	r Latitude/Longitude	<u>:</u> :		
'		below land surface, measured on (mo-day-yr							(unit make/model:			
NW - <b>X</b>	NE	above land surface, measured on (mo-day-yr Pump test data: Well water was ft.					(William emerica: E				<b>4</b> 0)	
33/		after hours pumping gr						☐ Land Survey ☐ Topographic Map				
W	E	Well water was ft.					L	☐ Online Mapper:				
SW	SE	after hours pumping gp										
		Estimated Yield:gpm						<b>6 Elevation</b> :ft. ☐ Gro				
:	S	Bore Hole Diameter: in. to				ft. and	and Source: Land Survey					
	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 we							11. Test Hole: well ID				
=				charge: well ID				☐ Cased ☐ Uncased ☐ Geotechnical				
	☐ Livestock 8. ☐ Monitoring: well ID											
3. ☐ Feedlo										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 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:												
_		☐ Mill Slot		uze Wrapped		orch Cut			Other (Specify)	• • • • • • • • • • • • • • • • • • • •	•••••	
_		☐ Key Puncl					None (Ope		) ft., From	£ 4.	. f4	
									ft., From			
0 CPOUT	MATERIA	I · D Neet	coment	Coment grout	7 □ Ba	ntonito [	1	11. 10		11. 10	/ IL.	
									ft. to		•••••	
	rce of possible		on: No	potential source	e of con	tamination	vithin 200 f	t.				
☐ Septic '			Lateral Line				Livestoc		☐ Insection	cide Storage	2	
☐ Sewer l			Cess Pool			goon	☐ Fuel Sto	age	☐ Abande	oned Water	Well	
	ght Sewer Lin			☐ Fee			☐ Fertilizeı	Storag	e 🔲 Oil We	ell/Gas Well		
Other (Specify)												
Direction from well?         Distance from well           10 FROM         TO         LITHOLOGIC LOG											IC DITEDUAL C	
10 FROM	TO	1	TTHOLOG	FIC LOG		FROM	TO	LI	THO. LOG (cont.) or	: PLUGGIN	GINTERVALS	
							+					
							+					
						Notes:	1	<u> </u>				
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 of												
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.kdhek							•			SA 82a-1212	