KOLAR Document ID: 1512497

WATER WELL RECORD ☐ Original Record ☐ Correction ☐ Change in Well Use							ivision of Wate sources App. I			 Well ID		
				Fraction			ection Number		Township Numb		ange Number	
County:			1/4 1/4	1/4		*				□ E □ W		
·						Street or R	treet or Rural Address where well is located (if unknown, distance and					
Business:	Business: di						irection from nearest town or intersection): If at owner's address, check here:					
Address: Address:												
	City: State: ZIP:											
3 LOCAT	E WELL						_					
	TH "X" IN 4 DEPTH OF COMPLETED WELL											
SECTIO	CTION BOX: Depth(s) Groundwater Encountered: 1)					201810000)						
N	2) ft. 3) ft., or 4) \(\subseteq WELL'S STATIC WATER LEVEL:								WGS 84 □ NAI		NAD 27	
		below land surface, measured on (mo-day-yr							Latitude/Longitude unit make/model:		,	
NW	NF	above land surface, measured on (mo-day-yr							WAAS enabled?			
	i l	Pump test data: Well water was ft.				t.		☐ Land Survey ☐ Topographic Map				
w	E	after hours pumpinggp						☐ Online Mapper:				
swX-	SE	Well water was ft.										
	ī	after hours pumping gp Estimated Yield:gpm				gpm	6 Eleva	6 Elevation :ft. ☐ Ground Level ☐ TOC			nd Level ☐ TOC	
	S	Bore Hole Diameter: in. to				ft and		Source: Land Survey GPS Topograph				
1 n		Bore Hore I	in. to				□ O41					
7 WELL V	WATER TO	BE USED A					•				-	
1. Domestic: 5. ☐ Public Water Supply: well ID												
☐ Housel	☐ Household 6. ☐ Dewatering: how many wells?						11. Test Hole: well ID					
=					harge: well ID			☐ Cased ☐ Uncased ☐ Geotechnical				
_	☐ Livestock 8. ☐ Monitoring: well ID								al: how many bores			
2. Irrigati								a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water				
3. ☐ Feedlot ☐ Air Sparge 4. ☐ Industrial ☐ Recovery				Injec	_							
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 diameter												
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 ☐ Key Puncl		auze Wrapped			Drilled Holes None (Open I		Other (Specify)	• • • • • • • • • • • • • • • • • • • •	•••••	
_									ft., From	ft	to ft	
									ft., From			
9 GROUT	MATERIA	L: Neat of	rement	Cement grout		entonite \square	Other	····				
									ft. to			
	rce of possible		on: No	potential source	of con	tamination v	ithin 200 ft.					
☐ Septic '			Lateral Line				Livestock Pe		☐ Insection			
☐ Sewer I			Cess Pool				Fuel Storage		Abando			
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Oil Well/Gas Well												
Direction from well? ft.												
10 FROM	ТО		ITHOLOG		nom w	FROM	ТО		THO. LOG (cont.) or		NG INTERVALS	
									, , ,			
					-							
						Notes:						
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged												
									onstructed, $\ \ \ \ \ $ recourse to the best of m			
Kansas Wa	ter Well Con	tractor's Lice	ense No	Ti	his W	ater Well R	ecord was con	nole	eted on (mo-day-y	ear)	age and belief.	
under the b	usiness name	of	<u></u>		<u></u>	·····	······		······································			
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.												
_	nent of Health ar ttp://www.kdhek			vater, Geology Sec	ction, 10	JUU SW Jackso	n St., Suite 420,	, горе	eka, Kansas 66612-136		SSA 82a-1212	
vion us at II	L.p.// w w w.Kuilel	water wet	II III CA.IIIIII							1	1011 02u 1212	