## KOLAR Document ID: 1636269

Original Record       Correction       Change in Well Use       Resources App. No.       Well ID         1       LOCATION OF WATER WELL:       Fraction       Section Number       Township Number       Range Numl         County:       1/4 </th <th>W</th>	W
County:       1/4       1/4       1/4       1/4       T       S       R       E       E         2       WELL OWNER: Last Name:       First:       Street or Rural Address where well is located (if unknown, distance a direction from nearest town or intersection):       If at owner's address, check here address:         Address:       Address:       City:       State:       ZIP:	W
2       WELL OWNER: Last Name:       First:       Street or Rural Address where well is located (if unknown, distance a direction from nearest town or intersection): If at owner's address, check here Address:         Address:       City:       State:       ZIP:	
Address:       Address:       City:     State:	a
Address: City: State: ZIP:	: 🗆
3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL: ft. 5 Latitude:	orees)
WITH "X" IN SECTION BOX: Depth(s) Groundwater Encountered: 1)ft. Longitude:	
$N$ 2) ft. 3) ft., or 4) $\Box$ Dry Well Datum: $\Box$ WGS 84 $\Box$ NAD 83 $\Box$ NAD 27	0 /
WELL'S STATIC WATER LEVEL: ft.       Source for Latitude/Longitude:         below land surface, measured on (mo-day-yr)       GPS (unit make/model:	
$ \begin{array}{ c c c c c c c } \hline & & & & & & & & & & & & & & & & & & $	)
Pump test data: Well water was ft.	
W E after hours pumping gpm Dolline Mapper:	
SW SE after hours pumping	
<b>6 Elevation</b> :	
S Bore Hole Diameter: in. to ft. and Source: Land Survey GPS Topographic	
Image:	
1. Domestic:       5. □ Public Water Supply: well ID       10. □ Oil Field Water Supply: lease	
☐ Household 6. ☐ Dewatering: how many wells? 11. Test Hole: well ID	
Lawn & Garden 7. Aquifer Recharge: well ID Cased Ducased Geotechnical	
Livestock       8. Monitoring: well ID       12. Geothermal: how many bores?         2. Irrigation       9. Environmental Remediation: well ID       a) Closed Loop Horizontal Vertical	
2. $\Box$ Inigation9. Environmental Renediation: weil $D$ a) Closed Loop $\Box$ Inizontal $\Box$ vertical3. $\Box$ Feedlot $\Box$ Air Sparge $\Box$ Soil Vapor Extractionb) Open Loop $\Box$ Surface Discharge $\Box$ Inj. of W	ater
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	1 1
<b>8 TYPE OF CASING USED:</b> Steel PVC Other CASING JOINTS: Glued Clamped Welded Three Casing diameter	aded
Casing height above land surface in. Weight Ibs./ft. Wall thickness or gauge No.	
TYPE OF SCREEN OR PERFORATION MATERIAL:	
Steel       Stainless Steel       PVC       Other (Specify)         Brass       Galvanized Steel       None used (open hole)	
Brass       Galvanized Steel       None used (open hole)         SCREEN OR PERFORATION OPENINGS ARE:       Image: Comparison of the second sec	
□ 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. to ft. to ft. to	
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft., From ft. to ft. to ft. to	
Grout Intervals: From	
Nearest source of possible contamination: No potential source of contamination within 200 ft.	
□ Septic Tank □ Lateral Lines □ Pit Privy □ Livestock Pens □ Insecticide Storage	
Sewer Lines       Cess Pool       Sewage Lagoon       Fuel Storage       Abandoned Water Well         Watertight Sewer Lines       Seepage Pit       Feedyard       Fertilizer Storage       Oil Well/Gas Well	
□ Other (Specify)	
Direction from well?	1110
10 FROM         TO         LITHOLOGIC LOG         FROM         TO         LITHO. LOG (cont.) or PLUGGING INTER	ALS
Notes:	
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plu	gged
under my jurisdiction and was completed on (mo-day-year) and this record is true to the best of my knowledge and be	lief.
Kansas Water Wall Contractor's License No. This Water Wall Decord was completed on (mo. dec. war)	
under my jurisdiction and was completed on (mo-day-year) and this record is true to the best of my knowledge and be Kansas Water Well Contractor's License No	
Kansas Water Well Contractor's License No.       This Water Well Record was completed on (mo-day-year)         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 785-296-3	