KOLAR Document ID: 1418899

WATER W		Division of Water Resources App. N				] Well II	<sup>-</sup> [							
Original Record Correction Chang  LOCATION OF WATER WELL:			e in Well Fraction			Section Number			Township Numb		Range Number			
County:			1/4	1/4 1/2	4 1/4				1			□ E □ W		
							treet or Rural Address where well is located (if unknown, distance and							
Business:							irection from nearest town or intersection): If at owner's address, check here:							
Address: Address:														
City: State: ZIP:														
3 LOCATE V	VELL													
	WITH "X" IN 4 DEPTH OF COMI						ft.							
SECTION I	SECTION BOX: Depth(s) Groundwater Encountered: 1)						2015 (decimal degrees)							
N	2) ft. 3) ft., or 4) \( \begin{align*} WELL'S STATIC WATER LEVEL:													
□ below land surface, n										<u>Latitude/Longitude</u> unit make/model:			,	
NW 1	NE	above land surface, measured on (mo-day-yr								WAAS enabled?				
	i	Pump test data: Well water was ft.					☐ Land Survey ☐ Topographic Map				,			
w	E	after hours pumpinggp							nline	e Mapper:				
sw-X	SE	Well water was ft. after hours pumping gp												
	1	Estimated Yield:gpm					6 Elevation:ft.				. 🔲 Grot	and I	Level 🔲 TOC	
S		Bore Hole Diameter: in. to					G				☐ GPS ☐ Topographic Map			
1 mile-		in. to												
7 WELL WA	TER TO	BE USED A	AS:											
1. Domestic: 5. ☐ Public Water Supply: well ID														
☐ Household 6. ☐ Dewatering:										ole: well ID				
☐ Lawn & Garden 7. ☐ Aquifer R ☐ Livestock 8. ☐ Monitorin										ed Uncased Geotechnical rmal: how many bores?				
☐ Livestock 2. ☐ Irrigation					ation: well II					Loop  Horizon				
3. ☐ Feedlot			Air Sparge		Soil Vapor					Loop Surface Di				
4. Industrial		Injection		13.  Other (specify):										
Was a chemic	al/bacteri	ological san	nple subm	itted to 1	KDHE?	Yes $\square$	No	If yes, date	e sar	nple was submitte	d:			
Water well dis					_	_		<b>,</b>		ı				
8 TYPE OF O	CASING	USED: □ S	teel PV	C 🗌 Othe	er	CA	ASIN	G JOINTS	S: 🗆	Glued Clamped	d □ Wel	ded	☐ Threaded	
										in. to				
Casing height ab					ht	lbs.	./ft.	Wall thicl	kness	or gauge No		••		
TYPE OF SCI										7 (0)				
☐ Steel ☐ Brass		less Steel anized Steel	☐ Fiber ☐ Conc	C	□ PVC	ısed (open	holo)		ner (S	Specify)			•••••	
SCREEN OR					☐ None (	iseu (open	noie)							
☐ Continuou		☐ Mill Slot		auze Wrap	ped   To	orch Cut	□ Dri	illed Holes	П	Other (Specify)				
Louvered		☐ Key Punch						ne (Open F						
SCREEN-PER	RFORATE	D INTERVA	ALS: From	1	. ft. to	ft., Fr	om	ft. t	o	ft., From	ft.	to	ft.	
GRA	VEL PAC	K INTERV	ALS: Fron	n	. ft. to	ft., Fr	om	ft. t	o	ft., From	ft.	to.	ft.	
				_	•							••••		
Nearest source				It., From	١	It. to		It., From	••••	ft. to	It.			
Septic Tan			Lateral Line	s F	☐ Pit Privy		ПΙ	ivestock Pe	ens	☐ Insection	cide Stora	ıoe.		
☐ 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?         ft.														
					tt. HO. LOG (cont.) or		INIC	INTEDMALC						
10 FROM	ТО		ITHOLOG	JIC LUG		FRO	VI	TO	LH	no. Log (cont.) of	PLUGG	ING	INTERVALS	
													-	
						Notes	:							
11 CONTRA	CTOR'S	OR LANDO	)WNER'S	S CERTI	FICATION	V: This v	vater	well was F	700	onstructed, $\square$ reco	nstructe	d o	r 🗌 plugged	
under my juris	diction an	d was compl	eted on (m	no-day-ye	ar)		and th	nis record	is trı	ie to the best of m	y knowle	edge	e and belief.	
Kansas Water	under my jurisdiction and was completed on (mo-day-year)													
under the busin	ness name	of	****	mr r 0	ED :			1 5 21		or each <u>constructed</u> we	11	<u></u>		
KS Department	S of Health ar	end one copy to d Environment	OWATER W . Bureau of V	ELL OWN Vater, Geol	EK and retain	one for you 000 SW Jac	r recor kson S	as. Fee of \$5 t Suite 420	0.00 f Tope	or each <u>constructed</u> we eka, Kansas 66612-136	и. 57. Teleph	one î	785-296-3565	
Visit us at http://				, 50010				., 120,	- ~PC	,			A 82a-1212	