KOLAR Document ID: 1534712

WATER WELL RECORD ☐ Original Record ☐ Correction ☐ Change in Well Use							Division of			Well ID			
1 LOCATION OF WATER WELL: Fraction								Tumber Township Numl			nge Number		
County:			1/4 1/4	1/4				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$					
·						Street or I	treet or Rural Address where well is located (if unknown, distance and						
Business: di						direction fro	irection from nearest town or intersection): If at owner's address, check here:						
Address: Address:													
	City: State: ZIP:												
3 LOCATI	E WELL				'		_						
	H "X" IN 4 DEPTH OF COMPLETE							5 Latitude:(decimal degrees)					
SECTIO	TION BOX: Depth(s) Groundwater Encountered: 1)												
N	2) ft. 3) ft., or 4) \(\subseteq WELL'S STATIC WATER LEVEL:												
□ below land su								or Latitude/Longitude (unit make/model:	_	,			
NW	NEX_	above land surface, measured on (mo-day-yr							(WAAS enabled?				
	i l	Pump test data: Well water was ft.				t.	☐ Land Survey ☐ To			*			
w	E	after hours pumpinggp						Online Mapper:					
SW	SE	Well water was ft.											
	1	after hours pumping gp Estimated Yield:gpm				gpm	6 Elevation :ft. □ C			. □ Ground	l Level □ TOC		
		Bore Hole Diameter: in. to				ft and							
1 m		Bore Hole I	in. to						Other				
7 WELL V	VATER TO	BE USED A	AS:										
1. Domestic: 5. Public Water Supply: well ID													
☐ Househ	☐ Household 6. ☐ Dewatering: how many wells?						11. Test Hole: well ID						
_					narge: well ID			☐ Cased ☐ Uncased ☐ Geotechnical					
	Livestock 8. Monitoring: well ID Irrigation 9. Environmental Remediation: well ID								mal: how many bores				
2. Trrigation								a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water					
3. ☐ Feedlot ☐ Air Sparge 4. ☐ Industrial ☐ Recovery					☐ Soil Vapor Extraction☐ Injection			13. Other (specify):					
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:													
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)													
_									:) ft., From	ft to	ft		
									ft., From				
9 GROUT	MATERIA	L: Neat of	rement	Cement grout	7B∈	entonite [l Other	11. 10					
									ft. to				
	rce of possible		on: No	potential source	e of con	ntamination	within 200	0 ft.					
☐ Septic 7			Lateral Line				Livesto			cide Storage			
☐ Sewer I			Cess Pool				Fuel St			oned Water			
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well													
☐ Other (Specify)													
10 FROM	TO		ITHOLOG		IIOIII W	FROM			THO. LOG (cont.) or		G INTERVALS		
										2 2 3 21 1			
		-											
					-								
						Notes:							
11. CONTED A CTODIC OD I ANDOMANEDIO GERMINIO A MICH. 11. C													
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 Wat	ter Well Con	u was compl tractor's Lice	ense No	io-uay-year) T	his W	aı ater Well R	ecord w	as comp	rue to the best of m leted on (mo-day-y	.y knowied ear)	ge and bellet.		
under the bi	usiness name	of							on (ino day-y				
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.													
-				Vater, Geology Se	ection, 10	000 SW Jacks	on St., Suit	te 420, Toj	peka, Kansas 66612-136				
Visit us at hi	tp://www.kdhek	ks.gov/waterwel	1/1ndex.html							K.	SA 82a-1212		