KOLAR Document ID: 1591139

WATER WELL RECORD ☐ Original Record ☐ Correction ☐ Change in Well Use							vision of Wate ources App. N			$\left. ight _{ m Well}$	^{ID} [
				Fraction			er	Township Numb		Range Number			
County:			1/4 1/4				<i>-</i> 1	T S		$R \Box E \Box W$			
a a many .							reet 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:									,, ,,		, ,		
Address:													
City:		T	State:	ZIP:									
	LOCATE WELL 4 DEPTH OF COMPLE				٠, ا	ft. 5 Latitude			,		(decimal degrees)	
	WITH "A" IN Donth(s) Groundwater Engl				acountered: 1) ft.			5 Latitude:(decimal degrees) Longitude:(decimal degrees)					
	TION BOX: (x,y) from (x,y)												
N	WELL'S STATIC WATER LEVEL:								Latitude/Longitude			AD 21	
		☐ below l	and surface.	yr)			unit make/model:)			
NW	NE	above land surface, measured on (mo-day-yr				yr)	. "	(WAAS enabled? ☐ Yes ☐ No)					
	1 1	Pump test data: Well water was ft.				t.		☐ Land Survey ☐ Topographic Map				- /	
w	 X E	after hours pumpinggr				gpm		Online Mapper:					
SW	SE		Well w										
3 *	1	after hours pumping gr				gpm	6 Fleve	6 Elevation:ft. ☐ Ground Level ☐ TO				Level D TOC	
		Estimated Yield:gpm				6 1	Source: Land Survey GPS To						
_	S	Bore Hole Diameter: in. to									1 Topograpine Iviap		
1 n		DE LIGED		in. to	• • • •	II.			other				
	WATER TO			4 C111 ID			10 🗆 0	1 17:	.1.1 W C				
	1. Domestic: 5. ☐ Public Water Supply: well ID ☐ Household 6. ☐ Dewatering: how many wells?						10. Oil Field Water Supply: lease						
				g: now many wens echarge: well ID			Hole: well ID						
_	☐ Livestock 8. ☐ Monitoring: well ID												
3. Feedlo													
4. ☐ Industr	☐ Injection		13. Other (specify):										
			Recovery			Vac D No			mple was submitte				
	disinfected?			itteu to KDIIE!	ш	ies 🗆 No	ii yes, dad	Sai	inpie was submitte	u		• • • • • • • • • • • • • • • • • • • •	
				G 🗆 04		CACI	NC IOINTO				11 1		
									Glued Clamped			☐ Inreaded	
	eter nt above land s								or gauge No				
	SCREEN OR				••••	108./11.	wan unci	Mies:	s of gauge No		• • • • •		
☐ Steel		less Steel	I ION MA	I EKIAL. □ PV(\mathbf{C}			or (Specify)				
☐ Brass		anized Steel				sed (open hol		101 (Specify)	• • • • • • • • • • • • • • • • • • • •		•••••	
_	OR PERFOR		NINGS AI		ic u	sed (open no)						
		☐ Mill Slot			l To	rch Cut 🖂 l	Orilled Holes	П	Other (Specify)				
		☐ Key Puncl					None (Open F						
_					-				ft., From		ft. to	ft.	
									ft., From				
9 GROUT	MATERIA	L: Neat o	cement [Cement grout	l Be	ntonite \square	Other		•••••				
									ft. to				
	rce of possible			potential source of									
☐ Septic '			Lateral Line				Livestock Pe	ens	☐ Insection	cide Sto	rage		
☐ Sewer I	Lines		Cess Pool	☐ Sewage	La	goon [Fuel Storage		☐ Abando	oned W	ater V	Vell	
	ght Sewer Lin			☐ Feedyar			Fertilizer Sto	orage	e 🔲 Oil We	:ll/Gas V	Well		
☐ Other (Specify)													
					n w								
10 FROM	TO	I	ITHOLOG	GIC LOG		FROM	TO	LIT	THO. LOG (cont.) or	r PLUG	GINC	3 INTERVALS	
						1							
						Notes:							
									onstructed, \square reco				
under my ju	urisdiction an	d was compl	leted on (m	no-day-year)		and	this record	ıs trı	ue to the best of m	y knov	vledg	e and belief.	
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.													
under the b	usmess name	Send one copy to	WATER W	FILOWNER and rate	air 4	one for your rea	ords Fee of \$4	5 00 4	for each constructed we	 ell	•••••	•••••	
KS Departn	ى nent of Health ar	nd Environment	, Bureau of V	Vater, Geology Section	., 10	00 SW Jackson	St., Suite 420	Top:	eka, Kansas 66612-136	лі. 57. Telei	phone	785-296-3565.	
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