KOLAR Document ID: 1582609

WATER WELL RECORD ☐ Original Record ☐ Correction ☐ Change in Well Use						Division of Water Resources App. No.				Well ID			
1 LOCATION OF WATER WELL: Fraction							ection Nu		Township Numb		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:												
	2 LOCATE WELL						_						
	TTH "X" IN 4 DEPTH OF COMPLE							5 Latitude:(decimal degrees)					
SECTION	CTION BOX: Depth(s) Groundwater Encountered: 1)												
N	2) ft. 3) ft., or 4) \(\square\) WELL'S STATIC WATER LEVEL:												
		below land surface, measured on (mo-day-yr					_		or Latitude/Longitude (unit make/model:		,		
NW	NE	above land surface, measured on (mo-day-yr							(WAAS enabled?				
	ī	Pump test data: Well water was ft.				t.	☐ Land Survey ☐ Topogra				,		
w	E	after hours pumpinggr						☐ Online Mapper:					
SW	SE	Well water was ft.											
	ī	after hours pumping gp Estimated Yield:gpm				gpm	6 Elevation :ft. □			. Ground	d Level □ TOC		
S		Bore Hole Diameter: in. to				ft. and							
1 m		in. to											
7 WELL WATER TO BE USED AS:													
1. Domestic: 5. Public Water Supply: well ID													
_	Household 6. Dewatering: how many wells?								e: well ID				
					charge: well ID				l ☐ Uncased ☐				
2. ☐ Irrigation	☐ Livestock 8. ☐ Monitoring: well ID							12. Geothermal: how many bores?					
3. ☐ Feedlot			Air Sparge			Extraction							
4. ☐ Industrial ☐ Recovery									(specify):				
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:													
Water well disinfected? \square Yes \square No													
8 TYPE OF CASING USED: Steel PVC Other													
Casing diameter in. to ft., Diameter ft., Diameter in. to ft.													
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)													
_		☐ Key Punch					None (Op			••••••			
SCREEN-P									ft., From	ft. to	ft.		
GR	RAVEL PAC	K INTERV	ALS: Fron	n ft. to	o	ft., Fror	1	. ft. to	ft., From	ft. to	ft.		
9 GROUT	MATERIA	L: 🗌 Neat o	ement _	Cement grout	□ Be	entonite [Other						
									ft. to	ft.			
	ce of possible			potential sourc						. 1 . 04			
☐ Septic T ☐ Sewer L			Lateral Line Cess Pool				☐ Livestoo ☐ Fuel Sto			cide Storage oned Water			
	ght Sewer Lin			☐ Fee			☐ Fertilize			ell/Gas Well			
Other (Specify)													
Direction from	m well?				from w	ell?			ft				
10 FROM	TO	I	ITHOLOG	GIC LOG		FROM	TO	Lľ	THO. LOG (cont.) or	: PLUGGIN	G INTERVALS		
+							+						
						Notes:		•					
11. CONTRACTIONIC OR LANDONINDIC OFFICE TO THE CONTRACT OF THE													
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 Water Well Contractor's License No													
under the bu	isiness name	of							on (mo duy 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.													
_	ent of Health ar tp://www.kdhek			vater, Geology Se	ection, 10	JUU SW Jacks	on St., Suite	420, Top	река, Kansas 66612-136		e 785-296-3565. SA 82a-1212		
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