KOLAR Document ID: 1528307

□ Original Record □ Correction □ Change in Well Use Resource App. No. Well D □ OUCLTION OF WATER WELLS: Is 6 4 to	WATER WELL R			WWC-5		vision of Wat					
County: 14 45 54 T S C Del W Bristost: Address: Mathew Struct or Nural Address where well in located (f unknown, disense and disection from address, check here: Mathew									Well ID Range Number		
2 WELL OWNER: 1 as Nume From: Street or Rural Address where well is located of anome's address, ducks, etack here: Address: Address: Address: Address: Address: City: State: ZIP: Incrition from nozate toon or interactions: If at owner's address, check here: Image: State: ADDPTH OF COMPLETED WELL: Incrition from nozate toon or interactions: If at owner's address, check here: Incrition from nozate toon or interactions: If at owner's address, check here: Image: State: ADDPTH OF COMPLETED WELL: Incrition from nozate toon or interactions: If at owner's address or the state too interaction: Incrition from nozate toon or interactions: If at owner's address or the state too interactions: If at owner's address or the state too interaction: Image: Imag						cuon numbe	-				
Instance: Address: direction from nearest town or intersection): If at owner's address, check here: 3 JOCAT WILL Status: A DEPTH OF COMPLETED WELL: ft 3 JOCAT WILL Section Nox. Depth(s) Complete Termonych (nor dup yr). ft 9 Depth(s) Complete Termonych (nor dup yr). ft Jterm: ft 9 Depth(s) Complete Termonych (nor dup yr). ft Jterm: ft 9 Depth(s) Complete Termonych (nor dup yr). ft Jterm: ft 1 Dente How Market, messared on (nor dup yr). ft Jterm: ft Jterm: ft 1 Dente How Market, messared on (nor dup yr). ft abox for data will be ween the fill of the		st Nama:									
Address: Same: 7P C1:07:17: WFL1. 4 DETTH OF COMPLETED WELL: f. NTTH **Y Paphto; Groundware Recounterd: 1) f. NTTH **Y Paphto; Groundware Recounterd: 1) f. NTTH **Y Paphto; Groundware Recounterd: 1) f. NTH **Y Paphto; Mate was f. f. Main: Note: f. Ground Level = OC Note: Status Status f. f. All: Note: Status f. f. Note: Status Status f. f. Note:											
Cory: Same: ZHP 3 UOCAT: Wath New Name 4 DetTIN OF COMPLETED WELL: ft SECTION DRAWL DepRhots Groundwate Encountered: 1		uncetion nom									
3 LOCATE WELL WITH SUFLOW BOX: N 4 DEPTH OF COMPLETED WELL: 											
WITH YEY IN SECTION OR SECTION OR N 4 DEPTH OF COMPLETED WELL: N In Ungitted: N			State:	ZIP:		1					
WILL S NA N Depth(s) (Coundwater Encounters): 1)							ude:			(decimal degrees)	
N 2) ft, of A) Py Well Image: STATE WARE LEVEL. ft, of A) Py Well NW NW <td></td> <td>Depth(s) Gr</td> <td>oundwater</td> <td>Encountered: 1)</td> <td> ft.</td> <td></td> <td colspan="4"></td>		Depth(s) Gr	oundwater	Encountered: 1)	ft.						
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s Bore Hole Diameter: in. to ft. and Source: Cland Survey Clease Clonest 7 WELL WATER TO BE USED AS: in. to in. to<	SW SE				gpm	(Elana	4	<u>с п</u>	C 1		
Image:											
7 WELL WATER TO BE USED AS: 1. Domestic: 5 Public Water Supply: well ID 10. Oh Field Water Supply: lease 1. Household 6 Dewatering: how many wells? 11. Test Hole: well ID 12. Genthermal: how many bores? 2. Infration 9. Environmental Rendiation: well ID 12. Genthermal: how many bores? a) Closed Loop Horizontal wertical 3. Feedlo Ar Sprage 50.01 Vapor Extraction b) Open Loop Data Discharge min. of Water 4. Industrial Recovery Injection 13. Other (specify): min. of Water Was a chemical/bacteriological sample submitted to KDHE? Yes No F yes, date sample was submitted: min. of the chemical/bacteriological sample submitted to KDHE? Yes No F yes, date sample was submitted: min. of the chemical/bacteriological sample submitted to KDHE? Yes No F yes, date sample was submitted: min. of the chemical/bacteriological sample submitted to KDHE? Yes No F yes, date sample was submitted: min. of the chemical/bacteriological sample submitted to KDHE? Yes No F yes, date sample was submitted: min. of the chemical/bacteriological sample submitted to KDHE? Yes No F yes, date sample was submitted: min. of the chemical/bacteriological sample submitted to KDHE? Yes No F yes, date sample was submitted:		Bore Hole D				Source					
1. Domestic: S. □ Public Water Supply: well D 10. □ OI Field Water Supply: lease □ Lawn & Garden 7. □ Aquifer Recharge: well D 11. Test Hole: well D □ Cased □ Geotechnical 11. Justock 8. □ Monitoring: well D 11. Test Hole: well D □ Cased □ Geotechnical 2. □ Frigition 9. Environmental Remediation: well D 12. Geothermal: how many hores?. a) Closed Loop □ Horizontal □ Vertical 3. □ Frediot Aix Sparge □ Injection 13. □ Other (specify): a) Closed Loop □ Horizontal □ Vertical Water well Sinfacted? Yes □ No N fyes, date sample was submitted:	1										
□ Household 6. Dewatering: how many wells? 11. Test Hole: well ID □ Lawn & Garden 1. Cased □ Vertical 2. □ Frayinomental Remediation: well ID a) Closed Loop □ Surface Discharge □ fin_i of Water 3. □ Feedlot 13. □ Other (specify):											
□ Livestock Aquifer Recharge: well ID □ Cased □ (coetchnical 2. □ trigation 9. Environmental Remediation: well ID 10. Geothermal: how may bores? 3. □ Feedlot □ Air Sparge □ Soli Vapor Extraction 9. Open Loop □ Horizontal □ Vertical 4. □ Industrial □ Recovery □ Injection 13. □ Other (specify):											
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3. Evecility Air Sparge Soil Vapor Extraction b) Open Loop Surface Discharge Inj, of Water 4. Endustrial Recovery Injection 13. Other (specify): If yes, date sample was submitted: Wase a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: Water well disinfected? Yes No If yes, date sample was submitted: If yes, date sample was submitted: 8 TYPE OF CASING USED: Steel PVC Other (specify) In. to In. to Casing diameter in. to In. Meight Ibs./ft. Walt thickness or gauge No If yes, date sample was submitted: TYPE OF CASING USED: Steel PVC Other (Specify) Ibs./ft. Walt thickness or gauge No Brass Galvanized Steel PVC Other (Specify) Ibs./ft. Steel Steel Steel Steel None (Open Hole) SCREEN OR PERFORATION OPENINGS ARE: Continuous Slot Mill Slot Gauze Wrapped Torch Cut Drilled Holes Other (Specify) Ibs./ft. to ft. to	Livestock										
4. Industrial Recovery Injection 13. Other (specify): Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:											
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: Water well disinfected? Yes No If yes, date sample was submitted: B TYPE OF CASING USED: Steel PVC Other Other Casing height above land surface in. Weight Ibs/ft. Walt thickness or gauge No. It. TYPE OF SCREEN OR PERFORATION MATERIAL:											
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8 TYPE OF CASING USED: Iseel PVC Other Other CASING JOINTS: Glued Clamped Medded Threaded Casing height above land undrace in. to ft. Diameter in. to ft. Casing height above land undrace in. Weight Ibs./ft. Wall thickness or gauge No. ft. TYPE OF SCREEN OR PERFORATION MATERIAL: PVC Other (Specify) Other (Specify) Secondary Brass Galvanized Steel None used (open hole) Other (Specify) ScREEN OR PERFORATION OPENINGS ARE: Continuous Slot Mill Slot Gauze Wrapped Saw Cut None used (open Hole) SCREEN-PERFORATED INTERVALS: From ft. to ft. t											
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9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From ft, From ft, From ft, From Nearest source of possible contamination: No potential source of contamination within 200 ft. ft, From ft, From Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage Sewer Lines Cess Pool Sewage Lagoon Fuel Storage Abandoned Water Well Other (Specify) Distance from well? ft. ft. Direction from well? Distance from well? ft. Io FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS Image: Constructed on the second s											
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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) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No This Water Well Record was completed on (mo-day-year) under the business name of	IU FROM TO	L	THOLOG	GIULUG	FROM	10	LITHO. LOG (co	ont.) or PL	UGGIN	JINTERVALS	
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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.	11 CONTRACTOR'S	OR LAND	WNER'S	S CERTIFICATION	1: This wate	r well was	constructed,] reconstr	ructed,	or plugged	
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.	under my jurisdiction an Kansas Water Wall Com	d was compl	eted on (n	no-day-year)	and	this record	is true to the bes	t of my kr	nowledg	ge and belief.	
Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> 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.	under the business name	of		1 IIIS W 8				Jay-year)	•••••		
	S	end one copy to	WATER W	ELL OWNER and retain of	one for your rec	ords. Fee of \$3	5.00 for each constru	cted well.			