KOLAR Document ID: 1518761

WATER W			Form V				sion of Wate							
Original Re		Correction		e in Well				urces App. N			Well II			
1 LOCATION OF WATER WELL:			Fraction 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4			Section Number			Township Numb					
County:			1/4	1/4 1		1 4 1 1	<u>T</u> S							
2 WELL OWNER: Last Name:			First:				Rural Address where well is located (if unknown, distance and							
Business: Address:			direction	n from nearest town or intersection): If at owner's address, check here:										
Address:														
City:	ZIP:													
3 LOCATE WELL 4 DEPTH OF COM				DI ETE	DWELL.		£.	E Talkada						
WITH "A" IN Donth (a) Crown deveator I			PLETED WELL: ft.											
SECTION BOX: 2) ft 3			f) ft., or 4) \square Dry Well				Longitude: (decimal degrees) Datum: WGS 84 NAD 83 NAD 27							
			ΓER LEVEL: ft.				Source for Latitude/Longitude:							
				, measured on (mo-day-yr)				☐ GPS (unit make/model:)						
				surface, measured on (mo-day-yr)				(d? ☐ Yes ☐ No)			
				Vell water was ft.				□ La		Survey Topogra			.,	
				ırs pumpinggpm				Online Mapper:						
SW SE			Well water was ft.											
Sw SE		after hours pumping gp						6 Elevation:ft. ☐ Ground Level ☐ TOC						
		Estimated Y		n. to ft. and			Source: Land Survey GPS Topographic Map							
S	·I					. uii			Other					
1 mile in. to ft. Uother														
1. Domestic:	TER IU		AS: Public Wat	ter Sunnly	· well ID			10 □ 0	l Fie	eld Water Supply: 16	ease			
☐ Household	d		Dewatering							: well ID				•••••
☐ Lawn & Garden 7. ☐ Aquifer Ro									l Uncased Geotechnical					
☐ Livestock 8. ☐ Monitorin									al: how many bores?					
2. ☐ Irrigation 9. Environmenta							a) Cl	osed	Loop Horizont	Loop Horizontal Vertical				
3. ☐ Feedlot ☐ Air Sparge				Soil Vapor	Extraction	1	b) Open Loop Surface Discharge							
4. Industrial			Recovery		Injection			13. 🔲 Ot	her ((specify):	• • • • • • • • • • • • • • • • • • • •	• • • • •	• • • • • • • • • • • • • • • • • • • •	•••••
Was a chemic	cal/bacteri	ological san	ıple subm	itted to I	KDHE?	Yes 🔲	No	If yes, date	sar	nple was submitte	d:			
Water well dis	sinfected?	☐ Yes ☐]	No											
										Glued Clamped			☐ Thr	eaded
								ft., Diam	ieter	in. to		ft.		
Casing height al						lbs	s./ft.	Wall thick	ness	or gauge No	• • • • • • • • • • • • • • • • • • • •	• •		
TYPE OF SCREEN OR PERFORATION MATERIAL:														
☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify)										• • • • • • • • • • • • • • • • • • • •	• • • • •	• • • • • • • • • • • • • • • • • • • •	••	
☐ Brass ☐ Galvanized Steel ☐ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:														
☐ Continuo		∏ Mill Slot		xe. iuze Wrap	ned □T	orch Cut		illed Holes	П	Other (Specify)				
_		☐ Killi Slot ☐ Key Punch						one (Open H						. •
SCREEN-PER	RFORATE	D INTERV	ALS: From	l						ft., From	ft.	to.		. ft.
										ft., From				
										· · · · · · · · · · · · · · · · · · ·				
										ft. to				
Nearest source	of possible	contamination	on: No	potential:	source of co									
☐ Septic Tan			Lateral Lines		☐ Pit Privy			Livestock Pe		☐ Insection				
☐ Sewer Line			Cess Pool		Sewage L			Fuel Storage		Abando			/ell	
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well														
☐ Other (Specify)														
10 FROM	TO		ITHOLOG			FRO				HO. LOG (cont.) or		ING	INTEL	VALS
10 TROM	10		IIIIOLOG	ne Log		TRO	111	10	LII	110. LOG (cont.) of	1 LCGG	1110	IIIII	TTILD
						Note	s:							
										onstructed, 🔲 reco				
under my juris	sdiction and	d was comple	eted on (m	o-day-ye	ar)		and the	his record i	s tru	ie to the best of m	y knowle	edge	e and b	elief.
Kansas Water	Well Cont	ractor's Lice	ense No	• • • • • • • • • • • • • • • • • • • •	This W	ater Wel	Reco	ord was con	nple	eted on (mo-day-ye	ear)	• • • •		• • • • • • • • • • • • • • • • • • • •
under the busi	ness name	of	WATED W	ELL OWN	ED and rata!	one for v	ır rocc:	rde Eas af ¢ =		or each <u>constructed</u> we	<u></u>	• • • •	<u> </u>	• • • • • • •
KS Department	So t of Health an	d Environment	Bureau of W	ater. Geolo	ogy Section. 1	1000 SW Ja	n recor ckson S	ius. ree 01 \$5 St., Suite 420	Tone	or each <u>constructed</u> we eka, Kansas 66612-136	л. 57. Telenh	one ´	785-296	-3565.
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