KOLAR Document ID: 1625043

WATER WELL RECORD ☐ Original Record ☐ Correction ☐ Change in Well Use							ivision of Wate sources App. I] Well ID		
1 LOCATION OF WATER WELL: Fraction							ection Number		Township Numb		ange Number	
County:				1/4 1/4	1/4		•				□ E □ W	
·						Street or R	treet or Rural Address where well is located (if unknown, distance and					
						direction from	irection from nearest town or intersection): If at owner's address, check here:					
Address:	Address: Address:											
City:			State:	ZIP:								
3 LOCAT	E WELL											
	TTH "X" IN 4 DEPTH OF COMPLETED WELL											
SECTIO	CTION BOX: Depth(s) Groundwater Encountered: 1)											
N	2) ft. 3) ft., or 4) \(\subseteq WELL'S STATIC WATER LEVEL:										NAD 27	
			below land surface, measured on (mo-day-yr)						Latitude/Longitude		,	
NW	NF	above land surface, measured on (mo-day-yr						☐ GPS (unit make/model:				
	i l	Pump test data: Well water was ft.				t.		☐ Land Survey ☐ Topographic Map				
w	E	after hours pumpinggr							e Mapper:			
sw	SE	Well water was ft.										
	vI	after hours pumping gp Estimated Yield:gpm				gpm	6 Eleva	tion	1 :ft	. Grou	nd Level ☐ TOC	
	<u> </u>	Bore Hole Diameter: in. to				ft. and		Source: Land Survey GPS Topo				
1 n	nile		in. to									
7 WELL WATER TO BE USED AS:												
1. Domestic: 5. Public Water Supply: well ID												
_	☐ Household 6. ☐ Dewatering: how many wells?											
=	☐ Lawn & Garden 7. ☐ Aquifer Recharge:						☐ Cased ☐ Uncased ☐ Geotechnical					
2. ☐ Irrigati	☐ Livestock 8. ☐ Monitoring: well ID							12. Geothermal: how many bores?				
3. Feedlo] Air Sparge			Extraction		b) Open Loop Surface Discharge Inj. of Water				
					ion		13. Other (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 Puncl					None (Open I					
SCREEN-P									ft., From	ft.	to ft.	
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft. to ft.												
								• • • • • •	ft. to	ft.		
Nearest sour	rce of possible		on: No Lateral Line	potential source s Pit P			nthin 200 ft. Livestock Pe		☐ Insection	aida Stora	go.	
☐ Septic			Cess Pool				Fuel Storage		☐ Abando			
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well												
Other (Specify)												
Direction from well? ft.												
10 FROM	TO	I	ITHOLOG	GIC LOG		FROM	TO	LIT	THO. LOG (cont.) or	· PLUGGI	NG INTERVALS	
							+ -					
						Notes:						
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 Wa	ter Well Con	tractor's Lice	ense No	Th	is Wa	ater Well Re	ecord was con	nole	eted on (mo-day-y	ear)	age and belief.	
under the b	usiness name	of	<u></u>		<u></u> .			г - · · · · ·	······································			
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.												
_	nent of Health ar ttp://www.kdhek			vater, Geology Sect	поп, 10	JOU S W JACKSO	ıı sı., suite 420,	торе	ска, канѕаѕ 00012-136		XSA 82a-1212	
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