KOLAR Document ID: 1482121

| | WELL R | | | on of Water | | | W 11 ID | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------|------------------------|--------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|--------------|------------------------|--------------------|---------|--------------|--|
| Original Record Correction Change in Well U LOCATION OF WATER WELL: Fraction | | | | <u> </u> | | Resources App. Section Num | | | Township Numb | Well ID | ange Number | |
| | | | Fraction 1/4 1/4 1/4 | | | | | | R R | ∏E ∏W | | |
| county. | | | | | | t or Rural Address where well is located (if unknown, distance and | | | | | | |
| Business: di | | | | | | irection from nearest town or intersection): If at owner's address, check here: | | | | | | |
| Address: Address: | | | | | | | | | | | | |
| City: State: ZIP: | | | | | | | | | | | | |
| 3 LOCATE WELL 4 DEPTH OF COMPLETED WELL | | | | | | ft f I Alfania | | | | | (1 : 11) | |
| WITH "A" IN Denth(s) Groundwater F | | | Encountered: 1) | | . Il. | 5 Latitude: | | | | | | |
| | SECTION BOX: 2) | | | | | | | | | | | |
| 1 | WELL'S STATIC WATER LEVEL: | | | | ft. | | Source | e for L | atitude/Longitude | : | | |
| | ' ^ | below la | | | Of S (unit intaile) insecti | | | | | | | |
| NW | NE | above la Pump test da | | ······· (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map | | | | | | | | |
| w | E | after | | | Online Mapper: | | | | | | | |
| ' | SE | | t. | | | | | | | | | |
| 5 ** | 1 1 1 | after Estimated Y | gpm | | 6 Elevation:ft. ☐ Ground Level ☐ TOC | | | | nd Level □ TOC | | | |
| | S | Bore Hole D | ft. and | | | | | | | | | |
| 1 r | Bore more B | in. to | | | | Other | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | |
| 1. Domestic: | | | | | | | | | | | | |
| | | | | | ow many wells?rge: well ID | | | 11. Test Hole: well ID | | | | |
| | _ | | | | well ID | | | | l: how many bores | | | |
| 2. Irrigati | ion | | | al Remediation: well ID | | | | | | | | |
| 3. ☐ Feedlot ☐ Air Sparge | | | | | | b) Open Loop Surface Discharge Inj. of Water | | | | | | |
| 4. ☐ Industrial ☐ Recovery ☐ Injection 13. ☐ Other (specify): | | | | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: | | | | | | | | | | | | |
| Water well disinfected? ☐ Yes ☐ No 8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other | | | | | | | | | | | | |
| Casing diameter | | | | | | | | | | | | |
| Casing height above land surface in. Weight | | | | | | | | | | | | |
| 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 | | | | | ne (Open He | | | | | |
| | | | | n ft. to | | | | | , | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | | | | |
| | | | | ft., From | | | | | | | | |
| | rce of possible | | | potential source of con | | | | | | | | |
| ☐ Septic | | | Lateral Line | | | _ | ivestock Per | | ☐ Insection | | | |
| Sewer | | | Cess Pool | ☐ Sewage La | goon | | uel Storage | | Abando | | | |
| □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Oil Well/Gas Well | | | | | | | | | | | | |
| | Direction from well? ft. | | | | | | | | | | | |
| 10 FROM | TO | | ITHOLOG | | FROM | | | | IO. LOG (cont.) or | | NG INTERVALS | |
| | | | | | | _ | | | | | | |
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| | | | | | Notes: | | • | | | | | |
| | | | | | | | | | | | | |
| 11 CONTRACTORIS OR LANDOWNIERIS CERTIFICATION. This was all to the state of the sta | | | | | | | | | | | | |
| 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 | This Wa | ater Well l | Recor | rd was con | nplete | ed on (mo-day-ye | ear) | | |
| 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. | | | | | | | | | | | | |
| 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. Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 | | | | | | | | | | | | |