KOLAR Document ID: 1568284

| WATER WELL RECORD ☐ Original Record ☐ Correction ☐ Change in Well Use | | | | | | | ivision of Wat sources App. 1 | | |] Well ID | | |
|--|---|---|---------------|--------------------|----------------|--------------------|---|--|-----------------------|--------------|------------------|--|
| | | | | Fraction | | | | ion Number Township Nu | | | | |
| | | | | 1/4 1/4 | 1/4 | | ± | | | | □ E □ W | |
| · | | | | | | Street or R | 1/4 T S R □ E □ W treet or Rural Address where well is located (if unknown, distance and | | | | | |
| Business: | | | | | | | irection from nearest town or intersection): If at owner's address, check here: | | | | | |
| Address: | Address: | | | | | | | | , | | <i>_</i> | |
| Address: | | | | | | | | | | | | |
| City: | | I | State: | ZIP: | | | | | | | | |
| | OCATE WELL ITH "X" IN 4 DEPTH OF COMPLETED WELL: | | | | | | ft. 5 Latitude:(decimal degrees) | | | | | |
| | CTION BOX: Depth(s) Groundwater Encountered: 1) | | | | ft. | | | | | | | |
| | N 2) ft. 3) ft., or 4) \square | | | | | | | | | | | |
| l — — | | TER LEVEL: ft. | | | e for | Latitude/Longitude | | | | | | |
| ' | ' | below land surface, measured on (mo-day-yr | | | | | | GPS (unit make/model: | | | | |
| NW | NE | above land surface, measured on (mo-day-yr Pump test data: Well water was ft. | | | | | | (WAAS enabled? ☐ Yes ☐ No) | | | | |
| 337 | | after hours pumping gr | | | | | | ☐ Land Survey ☐ Topographic Map ☐ Online Mapper: | | | | |
| W | X E | Well water was ft. | | | | | | ☐ Опппе маррет | | | | |
| SW | SE | after hours pumping gp | | | | | | | | | | |
| | | Estimated Yield:gpm | | | | | | 6 Elevation :ft. ☐ Ground Level ☐ TO | | | | |
| 5 | S | Bore Hole Diameter: in. to | | | | ft. and | Source: Land Survey GPS [| | | | | |
| | 1 mile in. to | | | | | | Other | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | |
| | 1. Domestic: 5. Public Water Supply: well ID | | | | | | | | | | | |
| _ | ☐ Household 6. ☐ Dewatering: how many wells | | | | | | | 11. Test Hole: well ID | | | | |
| = | | | | | harge: well ID | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | | |
| 2. ☐ Irrigati | ☐ Livestock 8. ☐ Monitoring: well ID ☐ Irrigation 9. Environmental Remediation: well ID | | | | | | | 12. Geothermal: how many bores? | | | | |
| 3. Feedlo | | | | | | | | b) Open Loop Surface Discharge Inj. of Water | | | | |
| | | | | | tion | | 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 JOINTS: Glued Clamped Welded Threaded | | | | | | | | | | | | |
| Casing diameter in. to | | | | | | | | | | | | |
| Casing height above land surface | | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | | | | |
| ☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify) | | | | | | | | | | | | |
| ☐ Brass ☐ Galvanized Steel ☐ None used (open hole) | | | | | | | | | | | | |
| | OR PERFOR | | | | | | | _ | 0.1 (0.10) | | | |
| | uous Slot | ☐ Mill Slot | | auze Wrapped | | | Drilled Holes | | Other (Specify) | ••••• | | |
| _ | | ☐ Key Puncl | | | | | None (Open I | | ft., From | f | to ft | |
| | | | | | | | | | ft., From | | | |
| 0 CPOUT | MATERIA | I · D Neet | coment | Cament grout | — Ba | ntonita \Box | Other | .0 | | | .0 | |
| | | | | | | | | | ft. to | | ••••• | |
| | rce of possible | | on: No | potential source | of con | tamination v | ithin 200 ft. | | | | | |
| ☐ Septic ' | | | Lateral Line | | | | Livestock P | ens | ☐ Insection | cide Storag | ge | |
| ☐ Sewer I | | | Cess Pool | | | | Fuel Storage | | ☐ Abando | oned Wate | r Well | |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | | | | | | |
| ☐ Other (Specify) | | | | | | | | | | | | |
| 10 FROM | TO TO | | ITHOLO(| | rom w | | ТО | | 1t. | | NC INTEDVALE | |
| 10 FROM | 10 | 1 | TIHOLOG | FIC LUG | | FROM | 10 | LH | HO. LOG (cont.) of | PLUGGI | NUTIFICALS | |
| | | | | | | | + | | | | | |
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| | | | | | | 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) | | | | | | | | | | | | |
| under the business name of | | | | | | | | | | | | |
| under the business name of | | | | | | | | | | | | |
| KS Departn | nent of Health ar | nd Environment | , Bureau of V | Vater, Geology Sec | tion, 10 | 000 SW Jackso | n St., Suite 420 | , Tope | eka, Kansas 66612-136 | 67. Telepho | ne 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 | | | | | | | | | | | SA 82a-1212 | |