KOLAR Document ID: 1583629

WATER WELL RECORD ☐ Original Record ☐ Correction ☐ Change in Well Use							vision of Wate ources App. N			Well I	_ [
			Fraction			ction Number		Township Numb		Range Number				
County:			1/4 1/4		ction runnoc	/1	T S		Range Number					
county.							treet or Rural Address where well is located (if unknown, distance and							
										,				
Address:						direction from	irection from nearest town or intersection): If at owner's address, check here:							
Address:														
City:			State:	ZIP:										
	LOCATE WELL 4 DEPTH OF COME					f	. 5 Tatit	ı.da			,	4		
	WITH "A" IN Donth(s) Groundwater Engl				ncountered: 1) ft.									
	$\begin{array}{c c} \mathbf{TION} \ \mathbf{BOA} : & \mathbf{ft} & \mathbf{or} \ 4) \ \mathbf{\Box} \\ \end{array}$													
N	WELL'S STATIC WATER LEVEL:						Source for Latitude/Longitude:							
				yr)			unit make/model:)				
NW	NE	above land surface, measured on (mo-day-yr				yr)	. "		WAAS enabled?					
	i	Pump test d	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map				,			
w	XE	after	after hours pumpinggp					nlin	e Mapper:					
SW	SE	Well water was ft.												
	SE	after hours pumping gp				gpm	6 Eleva	6 Elevation:ft. ☐ Ground Level ☐ TO				Level □ TOC		
		Estimated Yield:gpm				£1								
	S sile	Bore Hole Diameter: in. to												
1 mile														
1. Domestic:				tor Cupply, wall ID			10 🗆 0	1 15:2	ald Water Cumples 1	2000				
	1. Domestic: 5. ☐ Public Water Supply: well ID ☐ Household 6. ☐ Dewatering: how many wells?							10. ☐ Oil Field Water Supply: lease						
				echarge: well ID			☐ Cased ☐ Uncased ☐ Geotechnical							
=	☐ Livestock ☐ Livestock ☐ Livestock ☐ Livestock ☐ Livestock								al: how many bores					
2. Irrigation				al Remediation: wel					Loop Horizont					
						Extraction						Discharge Inj. of Water		
4. ☐ Industrial ☐ Recovery ☐ Injection							13. Other (specify):							
Was a cher	nical/bacter	iological sar	nnle subm	itted to KDHE?	\Box	Yes □ No	If ves. date	e sai	mple was submitte	d:				
	disinfected?			itted to HDIII.		105	11 905, aut	, su	inpre was saoimtee	G.				
				C 🗆 Other		CASI	NG IOINTS		l Glued. □ Clampe	1 🗆 We	lded	☐ Threaded		
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded 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	☐ Galva	anized Steel		☐ Non	ne u	sed (open hol								
SCREEN OR PERFORATION OPENINGS ARE:														
☐ Contin		☐ Mill Slot				rch Cut 🔲 I			Other (Specify)					
_		☐ Key Puncl					None (Open H							
				n ft. to										
Gl	RAVEL PAC	K INTERV	ALS: Fron	1 ft. to		ft., From	ft. to	o	ft., From	ft	. to	ft.		
				Cement grout										
				. ft., From				• • • • •	ft. to	ft.				
	rce of possible			potential source of										
☐ Septic			Lateral Line				Livestock Pe		☐ Insection			7 11		
Sewer I			Cess Pool	☐ Sewage			Fuel Storage		Abando			√eII		
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Other (Specify)														
Direction from well? ft.														
10 FROM	TO		ITHOLOG		1 ***	FROM			THO. LOG (cont.) or		HNC	INTERVALS		
	- 0			-		- 110111	10		2 3 & (John) Of					
						1								
												-		
						Notes:	1							
	11003.													
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged														
under my ju	risdiction an	d was compl	leted on (m	no-day-year)		and	this record i	is trī	ue to the best of m	y know	ledg	e and belief.		
Kansas Wa	under my jurisdiction and was completed on (mo-day-year)													
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.														
KG D	S 1:1	Send one copy to	WATER W	ELL OWNER and reta	ain c	one for your rec	ords. Fee of \$5	5.00 1	for each <u>constructed</u> we	:ll.	ı	795 204 2545		
-	nent of Health ar http://www.kdhek			Vater, Geology Section	, 10	OU SW JACKSOF	i st., suite 420,	1 op	ска, Kansas 60612-136	77. Telepl		785-296-3565. A 82a-1212		
v isit us at II	ւթ.//www.Kunek	co.gov/ water wer	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII								171)	102u-1212		