KOLAR Document ID: 1472528

WATER WELL RECORD ☐ Original Record ☐ Correction ☐ Change in Well Use							ivision of Wat sources App. 1			] Well ID			
				Fraction			ection Numb		Township Numb		ange Number		
County:			1/4 1/4	1/4		*				□ E □ W			
a a many .						Street or R	1/4 T S R □ E □ W  treet or Rural Address where well is located (if unknown, distance and						
							irection from nearest town or intersection): If at owner's address, check here:						
Address:	Address:										,		
Address:													
City:		T	State:	ZIP:									
	LOCATE WELL 4 DEPTH OF COMPLETE				L:		ft. <b>5 Latitude</b> :				(decimal degrees)		
	MITH "A" IN  Denth(s) Groundwater Encountered: 1)							Longitude:(decimal degrees)					
	CHONBOX: $\begin{pmatrix} 1 & 2 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 &$												
ľ	WELL'S STATIC WATER LEVEL:								Latitude/Longitude		NAD 21		
		below land surface, measured on (mo-day-yr				-yr)			unit make/model:		)		
NW	NE	above land surface, measured on (mo-day-yr				yr)			WAAS enabled?				
	ı	Pump test data: Well water was ft.				t.		☐ Land Survey ☐ Topographic Map					
w	E	after hours pumpinggr				gpm		Online Mapper:					
SW	CE	Well water was ft.											
SW	SE	after hours pumpinggr				gpm	6 Flore	6 Elevation:ft. ☐ Ground Level ☐ TOC					
		Estimated Yield:gpm						Source: Land Survey GPS Topographic M					
	S	Bore Hole Diameter: in. to											
1 mile  in. to ft.													
7 WELL WATER TO BE USED AS:													
	1. Domestic: 5.   Public Water Supply: well ID												
_	☐ Household 6. ☐ Dewatering: how ma								11. Test Hole: well ID  Cased Uncased Geotechnical				
=					charge: well ID : well ID								
2. ☐ Irrigati				g: wen ID					nal: how many bores I Loop				
3. ☐ Feedlo			] Air Sparge						Loop				
4. ☐ Industrial ☐ Recovery				☐ Injection	_								
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:													
Water well disinfected?													
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded													
Casing diameter													
Casing height above land surface													
TYPE OF SCREEN OR PERFORATION MATERIAL:													
☐ Steel     ☐ PVC     ☐ Other (Specify)       ☐ Brass     ☐ Galvanized Steel     ☐ None used (open hole)													
☐ 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				•••••		
									ft., From	ft ·	to ft		
									ft., From				
9 GROUT	MATERIA	I. Neat	rement	Cement grout	□ R <sub>€</sub>	entonite $\Box$	Other	· · · ·					
									ft. to		•••••		
	rce of possible		on: No	potential source o	of con	tamination v	ithin 200 ft			, 1			
☐ Septic			Lateral Line				Livestock Po	ens	☐ Insection	cide Stora	₂e		
			Cess Pool	☐ Sewag			Fuel Storage		☐ Abande				
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well													
☐ Other (Specify)													
Direction from well?													
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 Water Well Contractor's License No													
under the b	usiness name	of	****		• • • • • •			· · · · ·					
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.													
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