KOLAR Document ID: 1602454

WATER WE			sion of Wate urces App. N													
Original Record Correction Chang LOCATION OF WATER WELL:			e in Well Use Fraction	,		tion Numbe		Township Numb								
County:				1/4 1/	4 1/4	Beet	ion i vainoc	/1	1			□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:			State:	ZIP:												
•	OCATE WELL				•											
WITH "X" IN	K", IN 4 DEPTH OF COMPLET				ED WELL: ft.											
SECTION BO	Depth(s) Groundwater Encountered: 1)						2018 teach (decimal degrees)									
N	2) ft. 3) ft., or 4) \(\begin{align*} WELL'S STATIC WATER LEVEL:												AD 27			
X					ace, measured on (mo-day-y					<u>Latitude/Longitude</u> unit make/model:			,			
NW NE				bove land surface, measured on (mo-day-yr)						WAAS enabled?						
	Pump test data: Wel			ater was	ft.		L		Survey Topogr			/				
w	E after			hours pumping gr					nline	e Mapper:						
SW SE	SW SE			Well water was ft. after hours pumping gp												
		Estimated Yield:gpm						6 Eleva	6 Elevation :ft. ☐ Ground Level ☐ T				Level TOC			
S		Bore Hole Diameter: in. to														
1 mile		in. to				☐ O41										
7 WELL WATI	ER TO	BE USED A	S:													
1. Domestic: 5. Public Water Supply: well ID										eld Water Supply: 16						
Household	g: how many						e: well ID									
	☐ Lawn & Garden 7. ☐ Aquifer Record Street 8. ☐ Monitoring:									d Uncased Geotechnical mal: how many bores?						
☐ Livestock 2. ☐ Irrigation				g: wen 1D al Remediatio						Loop Horizon						
3. ☐ Feedlot			Air Sparge			Extractio				Loop Surface Di						
4. ☐ Industrial ☐ Recovery ☐ Injection										(specify):						
Was a chemical/	bacteri	ological san	aple subm	itted to KD	HE ? □	Yes \Box	No	If ves, date	sar	nple was submitte	:d:					
Water well disinf								, ,		F						
8 TYPE OF CA	SING	USED: □ S	teel PV	C 🔲 Other .		C	ASIN	G JOINTS	: 🗆	Glued Clamped	d 🔲 W	elded	Threaded			
										in. to						
Casing height abov						lb	s./ft.	Wall thick	iness	s or gauge No						
TYPE OF SCRE			'ION MA'													
		less Steel anized Steel			□ PVC		11)		ier (S	Specify)	• • • • • • • • • •	• • • • • • •	• • • • • • • • • • • • • • • • • • • •			
SCREEN OR PE	_		NINGS AT		None	used (ope	n noie))								
☐ Continuous S		☐ Mill Slot		auze Wrapped	і Пт	orch Cut	□ Dr	rilled Holes	П	Other (Specify)						
☐ Louvered Sh		☐ Key Punch				aw Cut		one (Open H								
SCREEN-PERFO	DRATE	D INTERVA	ALS: From	1 ft.	to	ft., F	rom	ft. to	·	ft., From	1	ft. to .	ft.			
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft. to ft.																
									• • • • •	ft. to	ft	ſ.				
Nearest source of ☐ Septic Tank	possible			potential sou		ntamınatı			ne	□ Insecti	cida Sto	rogo				
□ Septic Tank □ Lateral Lines □ Pit Privy □ Livestock Pens □ Insecticide Storage □ Sewer Lines □ Cess Pool □ Sewage Lagoon □ Fuel Storage □ Abandoned Water Well																
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well																
☐ Other (Specify)																
					ce from w											
10 FROM TO	3	L	ITHOLOG	FIC LOG		FRC)M	TO	LIT	HO. LOG (cont.) or	r PLUG	GINC	3 INTERVALS			
	-						+									
			_													
						Note	s:				_					
11 CONTDACT	rop;c	OD I AND	WNED96	CEDTIEL	CATIO	N. Thia	woto-	woll was F	7	onstructed, \square reco	notena	tod :	or 🗆 plugged			
										ie to the best of m						
Kansas Water Wo	ell Cont	tractor's Lice	ense No		This W	ater Wel	1 Reco	ord was cor	nple	eted on (mo-day-y	ear)					
under the busines	s name	of									· · · · · · · · · · · · · · · · · · ·	· · · · · · · ·				
KS Department of	S Health ar	end one copy to	WATER W	ELL OWNER	and retain	one for yo	ur recoi	rds. Fee of \$5	0.00 f	or each <u>constructed</u> we eka, Kansas 66612-136	ell. 57 Talas	nhone	785-296-3565			
Visit us at http://ww				, a.c.i, Ocology	Section, 1	550 D # Ja	CK50II C	,,, Duite 720,	Tope	, 1xuiisus 00012-130	,,. ICIC		A 82a-1212			