KOLAR Document ID: 1585007

WATER W			Form V					sion of Wate							
Original Re		Correction		e in Well U				urces App. N			Well II				
1 LOCATION OF WATER WELL:			Fraction 1/4 1/4 1/4 1/4			Sect	ion Numbe	r	Township Numb		Range Number				
County:			1/4	1/4 1,			T S	R							
2 WELL OWNER: Last Name:			First:			r Rural Address where well is located (if unknown, distance and									
Business: Address:			direction	from nearest town or intersection): If at owner's address, check here:											
Address:															
City:	ZIP:														
3 LOCATE WELL 4 DEPTH OF COM				IDI ETEI	DWELL.		£.	E Talkada							
				IPLETED WELL: Encountered: 1) ft.											
SECTION BOX: 1 2) ft 3			$(3)$ ft., or $(4)$ $\square$ Dry Well				Longitude:         (decimal degrees)           Datum:         WGS 84         NAD 83         NAD 27								
			TER LEVEL: ft.				Source for Latitude/Longitude:								
				ce, measured on (mo-day-yr)				GPS (unit make/model:)							
			and surface,												
			data: Well water was ft.							Survey  Topogra			• /		
W E afterh				rs pumpinggpm				Online Mapper:							
X SW SE				ater was .											
		after hours pumping gp						6 Elevation:ft. ☐ Ground Level ☐ TOC							
		Estimated Y			4-	£ 1		Source: Land Survey GPS Topographic Map							
S	·I				in. to ft.			Bource		Other					
1 mile															
1. Domestic:	TER IU		<b>\S:</b>   Public Wat	ter Supply	· well ID			10 □ 0	l Fie	eld Water Supply: 14	ease				
☐ Household 6. ☐ Dewatering														•••••	
☐ Lawn & Garden 7. ☐ Aquifer Re									d ☐ Uncased ☐ Geotechnical						
☐ Livestock 8. ☐ Monitorin										al: how many bores?					
2. ☐ Irrigation 9. Environmenta										☐ Horizontal ☐ Vertical					
3. ☐ Feedlot ☐ Air Sparge				Soil Vapor	Extraction	1	b) Open Loop Surface Discharge I								
4.  Industrial			Recovery		Injection			13. 🔲 Ot	her (	(specify):			• • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
Was a chemic	cal/bacteri	ological san	ıple subm	itted to F	KDHE?	Yes 🔲	No	If yes, date	sar	nple was submitte	d:				
Water well dis	sinfected?	☐ Yes ☐	No												
										Glued Clamped			☐ Thi	readed	
								ft., Diam	ieter	in. to		ft.			
Casing height al					ht	lbs	s./ft.	Wall thick	ness	or gauge No	• • • • • • • • • • • • • • • • • • • •	••			
TYPE OF SCREEN OR PERFORATION MATERIAL:															
☐ Steel ☐ Stainless Steel ☐ PVC								Other (Specify)							
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)  SCREEN OR PERFORATION OPENINGS ARE:															
☐ Continuo		Mill Slot		xi. uze Wrap	ned □T	orch Cut		illed Holes	П	Other (Specify)					
_		☐ Key Punch						one (Open H				••••		••	
SCREEN-PER	RFORATE	D INTERVA	ALS: From	l						ft., From	ft.	to.		ft.	
										ft., From					
										ft. to					
Nearest source	of possible	contamination	on: No	potential s	source of co										
☐ Septic Tan			Lateral Lines		Pit Privy			Livestock Pe		☐ Insection					
☐ Sewer Line			Cess Pool		Sewage L			Fuel Storage		Abando			Vell		
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well															
☐ Other (Specify)															
10 FROM	TO		ITHOLOG		ance moni v	FRO				HO. LOG (cont.) or		INC	INTE	RVALS	
10 1 KOW	10		111101100	.10 LOG		IKO	171	10	L11	110. LOG (cont.) 01	12000		. 11 1 1 1 1	. T I YEAR	
						Notes	s:								
										onstructed, 🗌 reco					
under my juris	sdiction and	d was compl	eted on (m	o-day-ye	ar)		and the	his record i	s tru	ie to the best of m	y knowle	edg	e and b	oelief.	
Kansas Water	Well Cont	ractor's Lice	ense No	• • • • • • • • • • • • • • • • • • • •	This W	ater Wel	Reco	ord was con	nple	eted on (mo-day-ye	ear)	• • • •	••••		
under the busi	ness name	ond one convit	WATED W	EII OWN	ED and ratain	one for	ır rocc:	rde Eas af ¢ =		or each <u>constructed</u> we		••••	<u></u>	•••••	
KS Department	So t of Health an	d Environment	Bureau of W	ater. Geolo	ogy Section. 1	000 SW Ja	n recor ckson S	ius. ree 01 \$5 St., Suite 420	Tone	or each <u>constructed</u> we eka, Kansas 66612-136	л. 57. Telenh	one	785-296	-3565.	
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