KOLAR Document ID: 1559098

| WATER WELL RECORD ☐ Original Record ☐ Correction ☐ Change in Well Use | | | | | | ision of Wate ources App. N | | | Well II | | |
|--|--|---------------|-----------------------|----------|---------------|---|--|------------------------|--------------------|------------------|--|
| | LOCATION OF WATER WELL: | | | Fraction | | | | | | ange Number | |
| County: | | | 1/4 1/4 | 1/4 | 1/4 | tion Numbe | | 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: | | State: | ZIP: | | | | | | | | |
| 3 LOCATE WELL | | | | | | | | | | | |
| WITH "X" IN | " _{IN} 4 DEPTH OF COMPLETED WELL: | | | | | | | | | | |
| SECTION BOX: | X: Depth(s) Groundwater Encountered: 1) | | | | | Longitude:(decimal degrees) | | | | | |
| N | 2) ft. 3) ft., or 4) 🗆 l WELL'S STATIC WATER LEVEL: | | | | | | | WGS 84 □ NAI | | NAD 27 | |
| | below land surface, measured on (mo-day-yr | | | | | | Source for Latitude/Longitude: GPS (unit make/model:) | | | | |
| NW NE | | | | | | | (WAAS enabled? ☐ Yes ☐ No) | | | | |
| | Pump test data: Well water wasft. | | | | | ☐ La | ☐ Land Survey ☐ Topographic Map | | | | |
| w | E afterhours pumpinggr Well water wasft. | | | | | | ☐ Online Mapper: | | | | |
| SW SE | _ £, | | | | | | | | | | |
| | after hours pumping gr Estimated Yield:gpm | | | | m | 6 Eleva | tion | :ft | . Grou | nd Level ☐ TOC | |
| S | Bore Hole Diameter: in. to | | | | | | | Land Survey | | | |
| mile | | | | | | Other | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | |
| 1. Domestic: 5. ☐ Public Water Supply: well ID | | | | | | | | | | | |
| Household | - <u> </u> | | | | | 11. Test Hole: well ID | | | | | |
| Lawn & Garden | | | echarge: well ID | | | | | ☐ Uncased ☐ 0 | | | |
| ☐ Livestock 2. ☐ Irrigation | <u> </u> | | | | | 12. Geothermal: how many bores? | | | | | |
| 3. ☐ Feedlot | | | | | | b) Open Loop Surface Discharge Inj. of Water | | | | | |
| 4. ☐ Industrial ☐ Recovery ☐ Injection | | | | | | | | (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 diameter in. to ft., Diameter ft., Diameter ft. | | | | | | | | | | | |
| Casing height above land surface | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | | | |
| ☐ Steel ☐ PVC ☐ Other (Specify) ☐ Brass ☐ Galvanized Steel ☐ None used (open hole) | | | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | | | | |
| ☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) | | | | | | | | | | | |
| □ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) | | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft. to ft. | | | | | | | | | | | |
| 9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other | | | | | | | | | | | |
| Grout Intervals: From | |) | ft., From | ft. | to | ft., From | • • • • • | ft. to | ft. | | |
| Nearest source of poss | | | potential source of c | | | | n .c | □ Insocti | aida Stora | 70 | |
| □ 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) | | | | | | | | | | | |
| Direction from well? ft. | | | | | | | | | | | |
| 10 FROM TO |] | LITHOLOG | GIC LOG | | FROM | TO | LIT | HO. 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 C | Contractor's Lic | ense No | This V | Wateı | r Well Red | ord was con | nple | ted on (mo-day-ye | ear) | | |
| under the business na | me of | | | | | | | | | | |
| KS Department of Hools | Send one copy t | t Bureau of V | ELL OWNER and reta | in one | for your reco | ords. Fee of \$5 | 5.00 f | or each constructed we | ell. 57 Talanha | one 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 | | | | | | | | | | | |

