KOLAR Document ID: 1579152

	WELL R		Form V	Division of Water Resources App. No				$\left. ight _{ m Well}$					
Original Record Correction Change in Well  LOCATION OF WATER WELL: Fraction				Fraction			ction Numbe		Township Numb		Range Number		
County:			1/4 1/4	1/4		ction ivallioc	/1	T S	F		□E □W		
county.							reet or Rural Address where well is located (if unknown, distance and						
										,			
Address:							irection from nearest town or intersection): If at owner's address, check here:						
Address:													
City:			State:	ZIP:									
	LOCATE WELL 4 DEPTH OF COMPLET					ft. 5 Latitude:					,	1 1 1 1 1	
	WITH "X" IN Depth(s) Groundwater Encou				intered: 1) ft.								
	TION BOA: $(2)$ ft or $(4)$												
N	WELL'S STATIC WATER LEVEL:										□ INA	AD 21	
	Χ			·yr)			Latitude/Longitude unit make/model:			,			
NW		above land surface, measured on (mo-day-yr							WAAS enabled?				
	NE	Pump test data: Well water was ft.						☐ Land Survey ☐ Topographic Map			))		
$ \mathbf{w} $	E	after hours pumping gp							e Mapper:				
	'	Well water was ft.				t.							
SW	SE	after	hours	gpm	( El	6 Elevation:ft. ☐ Ground Level ☐ TOC				<del> </del>			
		Estimated Yield:gpm					Source: Land Survey GPS Top						
	S	Bore Hole Diameter: in. to									1 0 1		
1 mile													
	1. Domestic: 5. Public Water Supply: well ID							10. Oil Field Water Supply: lease					
☐ Household 6. ☐ Dewatering: how man								11. Test Hole: well ID					
☐ Lawn & Garden 7. ☐ Aquifer Rec							☐ Cased ☐ Uncased ☐ Geotechnical  12. Geothermal: how many bores?						
☐ Livesto 2. ☐ Irrigati				g: well ID					l Loop				
3. ☐ Feedlo			] Air Sparge						Loop				
4. ☐ Industr	☐ Injection												
4. Industrial Recovery Injection 13. Other (specify):													
				illed to KDHE?	Ш	Yes L No	ii yes, date	sai	mpie was submitte	:a:	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
	disinfected?			G 🗖 04		CACI	NO LOINTO			1 🗆 🕶	7 1 1 1		
									Glued Clamped			☐ Threaded	
									in. to				
Casing height above land surface													
☐ Steel		less Steel	I ION MA	PV(	C			or (	Specify)				
☐ Brass		anized Steel				sed (open hol		ici (,	Specify)	• • • • • • • • • • • • • • • • • • • •		•••••	
_	OR PERFOR		NINGS AI		iic u	sed (open no	C)						
		☐ Mill Slot			1 To	rch Cut 🗆 l	Orilled Holes	П	Other (Specify)				
_		☐ Key Puncl					None (Open H						
									ft., From		ft. to	ft.	
									ft., From				
9 GROUT	MATERIA	L: Neat o	cement [	Cement grout	l Be	ntonite $\square$	Other		•••••				
									ft. to				
	rce of possible			potential source of									
☐ Septic '			Lateral Line				Livestock Pe	ns	☐ Insection	cide Sto	orage		
☐ Sewer l	Lines		Cess Pool	☐ Sewage	La	goon [	Fuel Storage		☐ Abando	oned W	ater V	Vell	
	ght Sewer Lin			☐ Feedyar			Fertilizer Sto	rage	e 🔲 Oil We	:ll/Gas V	Well		
☐ Other (Specify)													
10 FROM	TO	I	ITHOLOG	GIC LOG		FROM	TO	LIT	THO. LOG (cont.) or	r PLUG	GINC	3 INTERVALS	
						NT 4							
	Notes:												
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☐ constructed, ☐ reconstructed, or ☐ plugged													
Kancae Wa	arisuicuon an ter Well Con	u was compl tractor's Lie	icicu on (m ense No	io-uay-year) This	W	and oter Well Do	uns record 1	is iII nnla	ue to the best of m	y KIIOW earl	vieug	e and benen.	
Kansas Water Well Contractor's License No. This Water Well Record 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.													
	S	Send one copy to	WATER W	ELL OWNER and ret	ain o	one for your rec	ords. Fee of \$5	.00 f	for each constructed we	ell.			
KS Departn	nent of Health ar	nd Environment	, Bureau of V	Vater, Geology Section	n, 10	000 SW Jackson	St., Suite 420,	Торе	eka, Kansas 66612-136	57. Telej	phone	785-296-3565.	
Visit us at h	ttp://www.kdhek	s.gov/waterwel	1/index.html								KS.	A 82a-1212	