KOLAR Document ID: 1602686

| 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 | | * | | | R | □ E □ W | | |
| · | | | | | | Street or R | treet or Rural Address where well is located (if unknown, distance and | | | | | |
| | | | | | | direction from | irection from nearest town or intersection): If at owner's address, check here: | | | | | |
| Address: | Address: Address: | | | | | | | | | | | |
| City: | | | State: | ZIP: | | | | | | | | |
| 3 LOCATE | E WELL | | | | | | | | | | | |
| | WITH "X" IN 4 DEPTH OF COMPLETED | | | | | | | | : | | | |
| SECTIO | Depth(s) Groundwater Encountered: 1) | | | | | 2018 (decimal degrees) | | | | | | |
| N | 2) ft. 3) ft., or 4) \(\subseteq 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 | - NF | above land surface, measured on (mo-day-yr | | | | | | (WAAS enabled? ☐ Yes ☐ No) | | | | |
| | ī | Pump test data: Well water was ft. | | | | t. | | ☐ Land Survey ☐ Topographic Map | | | | |
| w H | Е | after hours pumpinggr | | | | | | | e Mapper: | | | |
| SW | SE | Well water was ft. | | | | | | | | | | |
| | v I | after hours pumping gp Estimated Yield:gpm | | | | gpm | 6 Eleva | atior | 1 :ft. | . Grou | nd Level ☐ TOC | |
| S | X | Bore Hole Diameter: in. to | | | | ft. and | | Source: Land Survey GPS Topograp | | | | |
| 1 m | ile | in. to | | | | | □ O41 | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | |
| 1. Domestic: 5. Public Water Supply: well ID | | | | | | | | | | | | |
| _ | Household 6. Dewatering: how many wells? | | | | | | | | | | | |
| _ | | | | | ge: well ID | | | | ☐ Uncased ☐ 0 | | | |
| _ | ☐ Livestock 8. ☐ Monitoring: well ID | | | | | | | 12. Geothermal: how many bores? | | | | |
| 3. ☐ Feedlot | | | | | | | | a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water | | | | |
| 4. ☐ Industri | ☐ Inject | _ | | | | | | | | | | |
| 4. | | | | | | | | | | | | |
| Water well disinfected? \square Yes \square No | | | | | | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other | | | | | | | | | | | | |
| Casing diameter in. to ft., Diameter ft., Diameter in. to ft. | | | | | | | | | | | | |
| Casing height above land surface | | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | | | | |
| ☐ Steel ☐ Stainless 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) | | | | | | | | | | | | |
| _ | | ☐ Key Puncl | | | | | None (Open I | | | | | |
| SCREEN-P | ERFORATE | D INTERV | ALS: From | 1 ft. to | | ft., From | ft. t | о | ft., From | ft. 1 | ιο ft. | |
| GF | RAVEL PAC | K INTERV | ALS: Fron | n ft. to | | ft., Fron | ft. 1 | ю | ft., From | ft. | to ft. | |
| | | | | | | | | | | | | |
| | | | | | | | | | ft. to | ft. | | |
| Nearest sour Septic T | ce of possible | | on: No Lateral Line | potential source s | | | /ithin 200 ft. ☐ Livestock P | | ☐ Insection | aida Ctama | | |
| ☐ Septic 1 | | | Lateral Line Cess Pool | | | | Fuel Storage | | ☐ Abando | | | |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | | | | | | |
| Other (Specify) | | | | | | | | | | | | |
| Direction from well? ft. | | | | | | | | | | | | |
| 10 FROM | TO | I | ITHOLOG | GIC LOG | | FROM | TO | LIT | THO. LOG (cont.) or | · PLUGGI | NG INTERVALS | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | Notes: | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well wasconstructed,reconstructed, orplugged | | | | | | | | | | | | |
| under my jurisdiction and 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. | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | |
| - | ent of Health ar tp://www.kdhek | | | vater, Geology Sec | ction, 10 | OU SW Jackso | on St., Suite 420 | , Tope | eka, Kansas 66612-136 | | one 785-296-3565. KSA 82a-1212 | |
| v isit us at m | ιμ.//www.Kunek | .s.gov/waterwer | ı/ IIIUCX.IIIIII | | | | | | | Г | NA 020-1212 | |