KOLAR Document ID: 1430596

| WATER WELL RECORD ☐ Original Record ☐ Correction ☐ Change in Well Use | | | | | | | ivision of Wassources App. | | | Well ID | | |
|--|--|--|--------------|----------------------|----------------|---------------|---|---|--|---------------------------|---|--|
| | | | | Fraction | | | | | Township Numb | Township Number Range Nur | | |
| County: | | | 1/4 1/4 | 1/4 | | ection Numb | ,01 | T S | R | □ E □ W | | |
| | | | | | | Street or R | 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: | | T | State: | ZIP: | | | | | | | | |
| | CATE WELL 4 DEPTH OF COMPLETED | | | | LT: | | ft. 5 Latitude : | | | | (decimal degrees) | |
| | WITH "X" IN Depth(s) Groundwater Engage | | | | | | | Longitude:(decimal degrees) | | | | |
| | CTION BOX: Depth(s) Groundwater Encountered. 1) | | | | | | | | | | | |
| | WELL'S STATIC WATER LEVEL: | | | | | | | Source for Latitude/Longitude: | | | | |
| | | below land surface, measured on (mo-day-yr | | | | -yr) | | GPS (unit make/model:) | | | | |
| NW | NE | above land surface, measured on (mo-day-yr | | | | | | (WAAS enabled? ☐ Yes ☐ No) | | | | |
| | | Pump test data: Well water was ft. | | | | | | ☐ Land Survey ☐ Topographic Map | | | | |
| w | E | after hours pumpinggp | | | | | | Onlin | e Mapper: | | | |
| SW | SE | Well water was ft. | | | | | | | | | | |
| | ΪX | after hours pumping gp | | | | gpm | 6 Elev | 6 Elevation:ft. ☐ Ground Level ☐ TOC | | | | |
| | S | Estimated Yield:gpm | | | | ft and | | Source: Land Survey GPS Topograph | | | | |
| | | Bore Hole Diameter: in. to | | | | | Other | | | | | |
| 1 mile in. to ft. Uther | | | | | | | | | | | | |
| 1. Domestic: | | | | ter Supply: well I | ID | | 10 🗆 (|)il Fi | ald Water Supply: 1 | 2250 | | |
| | . Domestic: 5. ☐ Public Water Supply: well ID ☐ Household 6. ☐ Dewatering: how many wells? | | | | | | | 10. ☐ Oil Field Water Supply: lease | | | | |
| _ | | | | | harge: well ID | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | | |
| = | | | | | well ID | | | | nal: how many bores | | | |
| 2. ☐ Irrigati | | | | al Remediation: w | | | | | l Loop Horizont | | | |
| | | | | | | Extraction | | Open Loop ☐ Surface Discharge ☐ Inj. of Water | | | | |
| 4. ☐ Industrial ☐ Recovery ☐ In | | | | | _ | | 13. Other (specify): | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted: | | | | | | | | | | | | |
| Water well disinfected? \square Yes \square No | | | | | | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded | | | | | | | | | | | | |
| Casing diameter | | | | | | | | | | | | |
| 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 | | | | | |
| | | | | | | | | | ft., From | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft. to ft. | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | . ft., From | | ft. to | ft., Fron | 1 | ft. to | ft. | | |
| | rce of possible | | | potential source of | | | | | | | | |
| ☐ Septic ' | | | Lateral Line | | | | Livestock P | | | cide Storage | | |
| ☐ Sewer l | | | Cess Pool | ☐ Sewa | | | Fuel Storag | | | oned Water | | |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | | | | | | |
| ☐ Other (Specify) | | | | | | | | | | | | |
| 10 FROM | TO | | ITHOLOG | | OIII W | FROM | ТО | | THO. LOG (cont.) 01 | | JG INTERVALS | |
| 10 110111 | | | | 220 200 | | 1 ICOIVI | 10 | 1011 | 200 (cont.) 01 | LEGGGI | · | |
| | - | | | | | | | | | | | |
| | | | | | | | | 1 | | | | |
| | - | | | | | | | | | | | |
| | | | | | | | | 1 | | | | |
| | | | | | | | | 1 | | | | |
| | | | | | | Notes: | | 1 | | | | |
| | | | | | | 110163. | | | | | | |
| | | | | | | | | | | | | |
| 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 Contractor's License No | | | | | | | | | | | | |
| under the b | usiness name | of | ····· | | <u></u> | ····· | | | ······································ | <u>,</u> | | |
| 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. 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. | | | | | | | | | | | | |
| _ | | | | Vater, Geology Secti | ion, 10 | 000 SW Jackso | on St., Suite 420 |), Top | eka, Kansas 66612-136 | | | |
| Visit us at h | ttp://www.kdhek | ks.gov/waterwel | 1/1ndex.html | | | | | | | K | SA 82a-1212 | |