KOLAR Document ID: 1524486

WATER WELL RECORD ☐ Original Record ☐ Correction ☐ Change in Well Use							vision of Wate sources App. N			Well I	_ [			
1 LOCATION OF WATER WELL:			Fraction			ection Number		Township Numb		Range Number				
County:			1/4 1/4	1/4		ction i vaino	-	1 0			□ 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:														
City:		I	State:	ZIP:			1							
	LOCATE WELL 4 DEPTH OF COMPLET				LL:	ft. <b>5 Latitude</b> :					(	decimal degrees)		
	<b>ECTION BOX:</b> Depth(s) Groundwater Encountered: 1)								le:					
	N 2) ft. 3) ft., or 4) □													
l — —	WELL'S STATIC WATER LEVEL:						Source	e for	Latitude/Longitude	:				
'	'	below land surface, measured on (mo-day-yr							unit make/model:					
NW	NE	above land surface, measured on (mo-day-yr Pump test data: Well water was ft.						(WAAS enabled? ☐ Yes ☐ No)				))		
337	<b></b>	after hours pumpinggr						☐ Land Survey ☐ Topographic Map						
W	XE	Well water was ft.						Online Mapper:						
SW	SE	after	hours		_									
		Estimated Yield:gpm						6 Elevation:ft. Ground Level						
5	S	Bore Hole Diameter: in. to				ft. and	and Source: Land Survey							
	1 mile  in. to								Other	•••••	• • • • •	***************************************		
7 WELL WATER TO BE USED AS:														
	1. Domestic: 5. Public Water Supply: well ID													
					ow many wells? ge: well ID			11. Test Hole: well ID						
2. ☐ Irrigati	☐ Livestock 8. ☐ Monitoring: well ID								al: how many bores I Loop   Horizont					
3. Feedlo			] Air Sparge						Loop  Surface Di					
					_	2	13.  Other (specify):							
4. Industrial Recovery Injection 13. Other (specify):														
	disinfected?				·· 🗀	163 🔲 110	11 yes, auc	c sui	inpie was saoimie	G	••••	•••••		
				C. $\square$ Other		CAS	ING JOINTS	S: [	Glued Clamped		lded	☐ Threaded		
Casing diameter														
TYPE OF SCREEN OR PERFORATION MATERIAL:														
☐ Steel		less Steel		□ P	. —			ner (	Specify)					
Brass	_	anized Steel			Vone u	ised (open ho	le)							
	OR PERFOR							_	0.1 (0.10)					
	uous Slot	☐ Mill Slot		auze Wrapped			Drilled Holes		Other (Specify)	• • • • • • • • • • • • • • • • • • • •	• • • • • •	•••••		
_		☐ Key Puncl					None (Open F		ft., From	£.		C.		
									ft., From					
0 CPOUT	MATERIA	I · D Neet	coment	Coment grout	□ B <sub>0</sub>	ntonita $\Box$	Other	0		11	. 10 .			
									ft. to			•••••		
	rce of possible		on: No	potential source	of con	tamination w	ithin 200 ft.							
☐ Septic '			Lateral Line				Livestock Pe	ens	☐ Insection	cide Stor	age			
☐ Sewer I			Cess Pool				Fuel Storage		☐ Abando	oned Wa	ter V	Vell		
	ght Sewer Lin			☐ Feed			Fertilizer Sto	orage	e 🔲 Oil We	ll/Gas W	/ell			
☐ Other (Specify)														
10 FROM	TO TO		ITHOLO(		om w		ТО		tt. THO. LOG (cont.) or		INIC	NITEDWALC		
10 FROM	10	1	TIHOLOG	HC LUG		FROM	10	LH	HO. LOG (cont.) of	PLUGG	mine	INTERVALS		
						+								
												<del>.</del>		
						Notes:	J.							
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)														
under my ju	irisdiction an	d was compl	leted on (m	no-day-year)		and	this record	ıs tru	ue to the best of m	y knowl	ledg	e and belief.		
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.														
under the D	Simos name	Send one copy to	o WATER W	ELL OWNER and	retain	one for your re	cords. Fee of \$	5.00 f	for each constructed we	ell.	• • • • •			
KS Departn	nent of Health a	nd Environment	, Bureau of V	Vater, Geology Sect	ion, 10	000 SW Jackso	n St., Suite 420,	Торе	eka, Kansas 66612-136	57. Telepl	hone	785-296-3565.		
Visit us at h	ttp://www.kdhel	s.gov/waterwel	1/index.html								KS.	A 82a-1212		