KOLAR Document ID: 1468161

WATER WE			Form V					sion of Wate						
Original Reco		Correction		e in Well				urces App. N			Well II			
1 LOCATION OF WATER WELL:			Fraction			Section Number			Township Numb					
County:			1/4	1/4 1		1 4 1 1	T S							
2 WELL OWNER: Last Name:				First:				Rural Address where well is located (if unknown, distance and						
Business: Address:			direction	from nearest town or intersection): If at owner's address, check here:										
Address:														
City:			State:	ZIP:										
3 LOCATE WE	IDI ETE	DWELL.		C.	E Talkada									
	WITH "X" IN			PLETED WELL:ft.										
SECTION BOX: 2) ft 3			f(t) ft., or $f(t)$ Dry Well				Longitude: (decimal degrees) Datum: WGS 84 NAD 83 NAD 27							
N	ΓER LEVEL: ft.] N	AD 27				
				, measured on (mo-day-yr)										
			measured on (mo-day-yr)											
			rater was ft.				☐ Land Survey ☐ Topographic Map							
W E after hours			pumping gpm				Online Mapper:							
L CW SOF			vater was ft.											
			hours		gpm		6 Elevation:ft. ☐ Ground Level ☐ TO					T TOC		
	Estimated Y			4-	£ 1		Source: Land Survey GPS Topographic Map							
				meter: in. to				Bource		Other				
7 WELL WATER TO BE USED AS:														
1. Domestic:	EK IO		13.] Public Wat	ter Sunnly	well ID			10. □ Oi	l Fie	old Water Supply: 16	2956			
	☐ Household 6. ☐ Dewaterin									eld Water Supply: leasee: well ID				
☐ Lawn & Garden 7. ☐ Aquifer Re									d ☐ Uncased ☐ Geotechnical					
☐ Livestock 8. ☐ Monitoring														
2. ☐ Irrigation 9. Environmenta				l Remedi	ation: well l	ID		a) Clo	osed	Loop 🔲 Horizont	tal 🔲 V	ertic	al	
3. ☐ Feedlot ☐ Air Sparge] Soil Vapor	Extraction	1	b) Open Loop Surface Discharge Inj. of						
4. ☐ Industrial			Recovery		Injection			13. 🔲 Ot	her ((specify):	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
Was a chemical	/bacterio	ological san	nple subm	itted to	KDHE?	Yes 🔲	No	If yes, date	sar	nple was submitte	d:			
Water well disint	fected?	☐ Yes ☐	No											
										Glued Clamped			☐ Thi	readed
								ft., Diam	eter	in. to		ft.		
Casing height above						lbs	s./ft.	Wall thick	ness	or gauge No	• • • • • • • • • • • • • • • • • • • •			
TYPE OF SCRE			TION MAT	ΓERIAL:						~				
☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify)											•••			
☐ Brass ☐ Galvanized Steel ☐ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:														
☐ Continuous		☐ Mill Slot		xe. auze Wrap	ned □T	Torch Cut	□ Dr	alled Holes	П	Other (Specify)				
Louvered Sh								one (Open H				••••		••
SCREEN-PERFO	ORATE	D INTERVA	ALS: From	1	. ft. to					ft., From	ft.	. to		ft.
										ft., From				
										ft. to				
Nearest source of		contaminati	on: No	potential	source of co									
☐ Septic Tank			Lateral Lines		☐ Pit Privy			Livestock Per		☐ Insection				
☐ Sewer Lines			Cess Pool		Sewage L			Fuel Storage		Abando			Vell	
☐ Watertight Se			Seepage Pit		☐ Feedyard		∐ ŀ	Fertilizer Sto	rage	☐ Oil We	ll/Gas W	ell		
☐ Other (Specify)														
	O O		ITHOLOG			FRO						INC	INTE	PVAIS
IO PROM			<u>/IIIOLOG</u>	iic Loo		TRO	IVI	10	LH	110. LOG (cont.) of	ILUGU	1110) 1111121	XVALS
						Note	 S:							
11 CONTRAC	TOR'S	OR LANDO	OWNER'S	CERT	FICATIO	N: This	water	well was] cc	onstructed, \square reco	nstructe	d, c	or p	lugged
under my jurisdic	ction and	d was compl	leted on (m	o-day-ye	ear)		and t	his record i	s tru	ie to the best of m	y knowl	edg	e and b	oelief.
Kansas Water W	ell Conti	ractor's Lice	ense No		This W	ater Wel	l Reco	ord was con	nple	eted on (mo-day-ye	ear)			
under the busines	ss name	of	WATERW	ELL OWN	ED and+-'	one ferr		rda Foo -f o f	00.0	or each <u>constructed</u> we		<u></u>	<u></u>	•••••
KS Department of	Se Health and	and one copy to d Environment	. Bureau of W	ELL OWN Vater. Geol	ogy Section 1	i one for you [000 SW Ia	ur recor ckson S	ius. ree oi \$5 St., Suite 420	.uu t Tone	or each <u>constructed</u> we eka, Kansas 66612-136	л. 57. Telenh	ione	785-296	-3565.
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