KOLAR Document ID: 1587711

WATER W								sion of Wate						
Original Re		Correction		e in Well				urces App. N			Well ID			
1 LOCATION OF WATER WELL:			Fraction			Section Number		er	Township Numb		_	Number		
County:			1/4	1/4 1/	4 1/4				T S	R] E		
2 WELL OWNER: Last Name:							ral 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 WELL 4 DEPTH OF COM				(DI ETED WELL. 4										
WITH "A" IN Donth (a) Crowndwater I				PLETED WELL: ft.										
SECTION BOX: 1 2) ft 3			(3) ft., or (4) \square Dry Well				Longitude:							
			TER LEVEL: ft.								NAD	121		
				e, measured on (mo-day-yr)				Source for Latitude/Longitude: GPS (unit make/model:)						
			above land surface, measured on (mo-day-yr)											
			mp test data: Well water was ft.					☐ Land Survey ☐ Topographic Map						
			hours pumping gpm					Online Mapper:						
SW SE		Well water was ft.												
		after hours pumping gp						6 Elevation :ft. ☐ Ground Level ☐ TOC						
		Estimated Y			gpm in. to ft.						Land Survey ☐ GPS ☐ Topographic Map			
S 1 mile-					in. to ft.			Other						
7 WELL WA	'			111	. 10	It.								
1. Domestic:	LEK IU.		45:] Public Wat	ter Sunnls	· well ID			10 🗆 🗀	l Fie	eld Water Supply: 14	ease			
☐ Household 6. ☐ Dewateri														
☐ Lawn & Garden 7. ☐ Aquifer I										☐ Uncased ☐ 0				
☐ Livestock 8. ☐ Monitorin							12. Geothermal: how many bores?							
2. ☐ Irrigation 9. Environmenta							a) Closed Loop							
3. ☐ Feedlot ☐ Air Sparge				Soil Vapor	Extraction	1	b) Open Loop Surface Discharge Inj. of Wa							
4. Industrial			Recovery		Injection			13. 🗌 Ot	her	(specify):	• • • • • • • • • • • • • • • • • • • •			
Was a chemic	cal/bacteri	ological san	nple subm	itted to l	KDHE?	Yes 🔲	No	If yes, date	e sar	nple was submitte	d:			
Water well dis	sinfected?	☐ Yes ☐	No											
										Glued Clamped			Threaded	
								ft., Dian	neter	in. to	f	ìt.		
Casing height al					tht	lbs	s./ft.	Wall thick	iness	or gauge No				
TYPE OF SCREEN OR PERFORATION MATERIAL: □ PVC □ Other (Specify)														
☐ Steel	1.7	Other (Specify)												
☐ Brass ☐ Galvanized Steel ☐ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:														
☐ Continuo		∏ Mill Slot		xe. iuze Wrap	ned □T	orch Cut		illed Holes	П	Other (Specify)				
		☐ Key Punch						one (Open H				• • • • • • •	•••••	
SCREEN-PER	RFORATE	D INTERV	ALS: From		. ft. to					ft., From	ft.	to	ft.	
										ft., From				
										• • • • • • • • • • • • • • • • • • • •				
										ft. to				
Nearest source		contamination	on: No	potential	source of co									
☐ Septic Tan			Lateral Lines		Pit Privy			Livestock Pe		☐ Insection				
☐ Sewer Line			Cess Pool		Sewage L			Fuel Storage		Abando			1	
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Oil Well/Gas Well														
☐ Other (Spe	cuy) wali?			D;-	tance from v	 vol19				ft.				
10 FROM	TO		ITHOLOG			FRO				HO. LOG (cont.) or		NG II	VTERVALS	
10 TROM	10		TIHOLOG	ne Log		TRO	111	10	LII	110. LOG (cont.) of	TECCOI	11011	TERTILO	
						Notes	s:	I						
										onstructed, 🗌 reco				
under my juris	sdiction and	d was compl	leted on (m	o-day-ye	ar)		and the	his record i	s tru	ie to the best of m	y knowle	dge a	and belief.	
Kansas Water	Well Cont	ractor's Lice	ense No	• • • • • • • • • • • • • • • • • • • •	This W	ater Wel	Reco	ord was cor	nple	eted on (mo-day-ye	ear)	•••••	• • • • • • • • • • • • • • • • • • • •	
under the busi	ness name	of	WATED W	ELL OWN	ED and rata!	one for	ır rocc:	rde Eas af ¢e		or each <u>constructed</u> we		•••••		
KS Department	Se t of Health and	d Environment	, walek wi Bureau of W	ater. Geol	ogy Section. 1	000 SW Ja	n recor ckson S	ius. ree 01 \$5 St., Suite 420	Tone	or each <u>constructed</u> we eka, Kansas 66612-136	n. 57. Telenha	ne 78'	5-296-3565.	
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