KOLAR Document ID: 1585591

WATER W			Form V					sion of Wate						
Original Re		Correction		e in Well U				urces App. N			Well II			
1 LOCATION OF WATER WELL:			Fraction 1/4 1/4 1/4 1/4			Sect	ion Numbe	r	Township Numb		Range Number			
County:			1/4	1/4 1,			R DEDW							
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 WELL 4 DEPTH OF COM				IPLETED WELL: ft.				5 Lotitudo.						
WITH "A" IN Donth (a) Crown dwyston I			Encountered: 1) ft.				. 5 Latitude :							
SECTION BOX: 2) ft 3			3) ft., or 4) ☐ Dry Well				Datum: WGS 84 NAD 83 NAD 27							
			ΓER LEVEL: ft.						Latitude/Longitude] 117	10 21		
☐ below land su								☐ GPS (unit make/model:)	
NW 1		$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $							WAAS enabled?				ŕ	
Pump			imp test data: Well water was ft.					☐ Land Survey ☐ Topographic Map						
W E at			after hours pumping gpi Well water was ft.					Online Mapper:						
SW SE		after hours pumping gp												
		Estimated Yield:gpm						6 Elevation :ft. ☐ Ground Level ☐ TOC						
S					in. to ft. a			Source		Land Survey GPS Topographic Map				
1 mile-		•••	in	in. to ft.			Other					•••••		
7 WELL WATER TO BE USED AS:														
1. Domestic:			Public Wat							eld Water Supply: 16				
☐ Household 6. ☐ Dewaterin									well ID					
☐ Lawn & Garden 7. ☐ Aquifer Re								☐ Uncased ☐ 0						
☐ Livestock 8. ☐ Monitoring										how many bores? pop				
2. ☐ Irrigation 9. Environmenta 3. ☐ Feedlot ☐ Air Sparge] Air Sparge		Soil Vapor									Vater
4. ☐ Industrial ☐ Recovery				Injection	Latraction	1	b) Open Loop ☐ Surface Discharge ☐ Inj. of 13. ☐ Other (specify):							
Was a chemic	al/bactari					l Vos 🗆	No			nple was submitte				
Water well disi				itted to r	XDIIE: _	i i es 🗀	NO	11 yes, date	Sai	npic was submitte	u	• • • • •		•••••
				⊂ □ Othe	ır.	С	ASIN	G IOINTS		Glued Clamped	- Web	ded	☐ Thr	eaded
										in. to			<u> </u>	caucu
Casing height ab										or gauge No				
TYPE OF SCR														
☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify)														
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)														
SCREEN OR I					_		_		_					
Continuou		☐ Mill Slot		uze Wrap						Other (Specify)		• • • • •		••
Louvered	Shutter SEOD ATE	☐ Key Punci	ied ∐ Wi	ire wrappo				one (Open H		ft., From	ft	to		ft
										ft., From				
										ft. to		••••		, • •
Nearest source					source of co									
☐ Septic Tan			Lateral Lines	s [Pit Privy			Livestock Pe	ns	☐ Insection	cide Stora	ıge		
☐ Sewer Line			Cess Pool] Sewage L			Fuel Storage		☐ Abando			/ell	
☐ Watertight			Seepage Pit		Feedyard		□ F	Fertilizer Sto	rage	☐ Oil We	ll/Gas We	ell		
☐ Other (Specify)														
10 FROM	TO		ITHOLOG		ance from v	FRO						ING	INTEL	SIVALS
TO I KOM	10	L	41110000	JIC LUG		TRO	141	10	பப	110. LOG (colit.) 01	LUUUI	10	1141151	VIALO
						Notes	s:	<u>l</u>						
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										onstructed, \square reco				
under my juris	diction and	d was compl	eted on (m	o-day-ye	ar)	7.4. 377 1	and the	his record i	s tru	ie to the best of m	y knowle	edge	e and b	elief.
Kansas Water	Well Cont	ractor's Lice	ense No		This W	ater Wel	Reco	ord was con	nple	eted on (mo-day-ye	ear)	• • • • •	· • • • • • • • • • • • • • • • • • • •	• • • • • •
unuel the bush	Sillan eesn	end one copy to	WATER W	ELL OWN	ER and retain	one for you	ır recor	rds. Fee of \$5	f	or each <u>constructed</u> we	 ell.	• • • •		
KS Department	of Health an	d Environment	, Bureau of W	ater, Geolo	gy Section, 1	.000 SW Ja	ckson S	St., Suite 420,	Торе	eka, Kansas 66612-136	57. Teleph	one '	785-296	-3565.
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