KOLAR Document ID: 1605172

WATER WELL RECORD ☐ Original Record ☐ Correction ☐ Change in Well Use							ivision of Wat sources App. 1			 Well ID		
				Fraction			ection Numb		Township Numb		inge Number	
County:			1/4 1/4	1/4		1				□ E □ W		
·						Street or R	treet or Rural Address where well is located (if unknown, distance and					
Business:							irection from nearest town or intersection): If at owner's address, check here:					
Address:	Address: Address:											
City:			State:	ZIP:								
3 LOCAT	E WELL											
	H "X" IN 4 DEPTH OF COMPLETED WELL											
SECTIO	PION BOX: Depth(s) Groundwater Encountered: 1)											
N	2) ft. 3) ft., or 4) \(\sqrt{\text{WELL'S STATIC WATER LEVEL:}}											
			below land surface, measured on (mo-day-yr								,	
NW X -	NF	above land surface, measured on (mo-day-yr						☐ GPS (unit make/model:				
```^	ī	Pump test data: Well water was ft.				t.		☐ Land Survey ☐ Topographic Map				
w	E	after hours pumpinggp							e Mapper:			
SW	SE	Well water was ft.										
	ī	after hours pumping gp Estimated Yield:gpm				gpm	6 Eleva	atior	<b>1:</b> ft.	.   Groun	nd Level ☐ TOC	
	S	Bore Hole Diameter: in. to				ft. and		Source:				
1 n	-		in. to									
7 WELL WATER TO BE USED AS:												
1. Domestic: 5. Public Water Supply: well ID												
_	☐ Household 6. ☐ Dewatering: how many wells?											
					well ID			☐ Cased ☐ Uncased ☐ Geotechnical  12. Geothermal: how many bores?				
☐ Livesto 2. ☐ Irrigati				g: wen 1D al Remediation: v								
3. Feedlo			] Air Sparge					a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water				
4. ☐ Industrial ☐ Recovery ☐ Inj					_		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 diameter in. to ft., Diameter ft., Diameter in. to ft.												
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 I					
SCREEN-P									ft., From	ft. t	o ft.	
Gl	RAVEL PAC	K INTERV	ALS: Fron	n ft. to .		ft., From	ft. 1	to	ft., From	ft. t	o ft.	
								ı	ft. to	ft.		
Nearest sour	rce of possible		<b>on:</b> No Lateral Line	potential source of Pit Pr			/ithin 200 ft. ☐ Livestock P	one	☐ Insection	aida Staraa	ro.	
☐ Septic			Cess Pool	Sewa			Fuel Storage					
	ght Sewer Lin			☐ Feedy			Fertilizer St					
Other (Specify)												
Direction from well? ft.												
10 FROM	TO	I	ITHOLOG	GIC LOG		FROM	TO	LIT	THO. LOG (cont.) or	PLUGGI	NG INTERVALS	
						Notes:						
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 Wa	ter Well Con	tractor's Lice	ense No	Th	is Wa	ater Well R	ecord was co	mple	eted on (mo-day-y	ear)		
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.												
_	nent of Health ai ttp://www.kdhel			vater, Geology Secti	ion, I(	JOU S W JACKSO	n St., Suite 420	, тор	cka, <b>k</b> aiisas 00012-136		SA 82a-1212	
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