KOLAR Document ID: 1530428

WATER WELL RECORD ☐ Original Record ☐ Correction ☐ Change in Well Use						Division of Water Resources App. No.				] Well ID		
				Fraction				on Number Township Num				
				1/4 1/4	1/4		<u> </u>				□ 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:								,		´ _	
Address:												
City:	D WELL	I	State:	ZIP:								
	ATE WELL H "X" IN 4 DEPTH OF COMPLETED WELL:						ft. 5 Latitude:(decimal degrees)					
	Depth(s) Groundwater Encountered: 1)											
	N 2) ft. 3) ft., or 4) □						ell Datum: WGS 84 NAD 83 NAD 27					
	WELL'S STATIC WATER LEVEL:						Source	Source for Latitude/Longitude:				
'	'	below land surface, measured on (mo-day-yr						GPS (unit make/model:				
NW	NE	above land surface, measured on (mo-day-yr Pump test data: Well water was ft.						(WAAS enabled? ☐ Yes ☐ No)				
33/		after hours pumpinggr						☐ Land Survey ☐ Topographic Map ☐ Online Mapper:				
W	XE	Well water was ft.						□ Опппе маррет.				
SW	SE	after hours pumping gp										
		Estimated Yield:gpm						6 Elevation:ft. Ground Level TOC				
:	S	Bore Hole Diameter: in. to				ft. and	Source:    Land Survey    GPS					
	1 mile  in. to						☐ Other					
7 WELL WATER TO BE USED AS:												
	1. Domestic: 5. Public Water Supply: well ID											
	☐ Household 6. ☐ Dewatering: how many wells?											
=	☐ Lawn & Garden 7. ☐ Aquifer Recharge: w							☐ Cased ☐ Uncased ☐ Geotechnical				
	☐ Livestock 8. ☐ Monitoring: well ID							12. Geothermal: how many bores?				
3. ☐ Feedlo								b) Open Loop  Surface Discharge  Inj. of Water				
4. Industrial Recovery Injection						2.1114011011	13. Other (specify):					
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:												
Water well disinfected?  Yes No												
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded												
Casing diameter in. to												
Casing height above land surface												
TYPE OF SCREEN OR PERFORATION MATERIAL:												
☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify)												
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)												
	OR PERFOR							_	0.1 (0.10)			
_	nuous Slot	☐ Mill Slot		auze Wrapped			Drilled Holes		Other (Specify)	• • • • • • • • • • • • • • • • • • • •	************	
		☐ Key Puncl					None (Open I		ft., From	£		
									ft., From			
O CROUT	MATERIA	I · D Neet	coment	Cament grout	— Ba	ntonito	Other	.0		IL. L	It.	
									ft. to		•••••	
	rce of possible		on: No	potential source	of con	tamination v	ithin 200 ft.					
☐ Septic			Lateral Line				Livestock P	ens	☐ Insection	cide Storag	ge	
☐ Sewer			Cess Pool			goon [	Fuel Storage	2	☐ Abando	oned Wate	r Well	
	ight Sewer Lin			☐ Feed			Fertilizer St	orage	e 🔲 Oil We	ll/Gas Wel	ll .	
☐ Other (Specify)												
									NG DIEDILALG			
10 FROM	TO	1	ITHOLOG	FIC LOG		FROM	TO	LH	THO. LOG (cont.) or	PLUGGII	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 Water Well Contractor's License No												
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 Departm	nent of Health a	nd Environment	, Bureau of V	Vater, Geology Sec	ction, 10	000 SW Jackso	on St., Suite 420	, Top	eka, Kansas 66612-136	7. Telepho	ne 785-296-3565.	
-	ttp://www.kdhel			<i></i>				•			KSA 82a-1212	