KOLAR Document ID: 1621840

| WATER WELL RECORD ☐ Original Record ☐ Correction ☐ Change in Well Use | | | | | | | oivision of esources A | | | Well ID | | |
|---|--|--|---------------|----------------------|----------------|---------------|---|----------------------------------|---|----------------------------|------------------|--|
| | | | | Fraction | | | ection Nu | | Township Numb | | nge Number | |
| County: | | | 1/4 1/4 | 1/4 | | eetion i ve | | T S | R | □ E □ W | | |
| · | | | | | | Street or F | treet or Rural Address where well is located (if unknown, distance and | | | | | |
| Business: | Business: di | | | | | | irection from nearest town or intersection): If at owner's address, check here: | | | | | |
| Address: Address: | | | | | | | | | | | | |
| | City: State: ZIP: | | | | | | | | | | | |
| | 3 LOCATE WELL | | | | | | _ | | | | | |
| | TH "X" IN 4 DEPTH OF COMPLETED WI | | | | | | | 5 Latitude:(decimal degrees) | | | | |
| SECTIO | CTION BOX: Depth(s) Groundwater Encountered: 1) | | | | | — | | | | | | |
| N | 2) ft. 3) ft., or 4) \(\subseteq WELL'S STATIC WATER LEVEL: | | | | | | | | | | | |
| | | below land surface, measured on (mo-day-yr | | | | | | | or <u>Latitude/Longitude</u> (unit make/model: | | , | |
| NW | - NF - V | above land surface, measured on (mo-day-yr | | | | | | | | | | |
| | ``L ^ | Pump test data: Well water was ft. | | | | | ☐ Land Survey ☐ Topogra | | | | (0) | |
| w | E | after hours pumpinggr | | | | | | | ne Mapper: | | | |
| SW | SE | Well water was ft. | | | | | | | | | | |
| | i l | after hours pumping gp | | | | gpm | 6 Elevation :ft. □ G | | | . Groun | d Level □ TOC | |
| | S | Estimated Yield:gpm Bore Hole Diameter:in. to | | | | ft and | | | | | | |
| 1 m | | in. to | | | | | | | | | | |
| 7 WELL V | VATER TO | BE USED A | | | | | I | | | | | |
| 1. Domestic: 5. Public Water Supply: well ID | | | | | | | | | | | | |
| ☐ Househ | ☐ Household 6. ☐ Dewatering: how many wells? | | | | | | 11. Test Hole: well ID | | | | | |
| ☐ Lawn & | | | | • | harge: well ID | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | | |
| _ | ☐ Livestock 8. ☐ Monitoring: well ID | | | | | | | | | | | |
| 2. Irrigation | | | | al Remediation: w | | | | | | | | |
| 3. ☐ Feedlot ☐ Air Sparge 4. ☐ Industrial ☐ Recovery | | | | | Extraction | | b) Open Loop Surface Discharge Inj. of W | | | | | |
| | | | | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: | | | | | | | | | | | | |
| Water well disinfected? | | | | | | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter in. to 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 (Op | | | 6 | C. | |
| | | | | | | | | | ft., From | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | | | | |
| | | | | | | | | | ft. to | | | |
| | rce of possible | | | potential source of | | | | | | , 1 | | |
| ☐ Septic 7 | | | Lateral Line | | | | Livesto | | ☐ Insection | cide Storage | e | |
| ☐ Sewer I | | | Cess Pool | ☐ Sewa | | | ☐ Fuel Sto | | | oned Water | | |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | | | | | | |
| ☐ Other (Specify) | | | | | | | | | | | | |
| 10 FROM | m well? | | ITHOLO(| | om w | FROM | ТО | | It THO. LOG (cont.) or | | IC INTEDVALS | |
| 10 FROM | 10 | 1 | TIHOLOG | HC LUG | | FROM | 10 | LI | THO. LOG (colit.) of | PLUGGIN | GINTERVALS | |
| | | | | | | + | + | | | | | |
| | | | | | | | 1 | | | | | |
| | | | | | | | | | | | - | |
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| | | | | | | 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) | | | | | | | | | | | | |
| under the business name of | | | | | | | | | | | | |
| under the business name of | | | | | | | | | | | | |
| KS Departm | nent of Health ar | nd Environment | , Bureau of V | Vater, Geology Secti | ion, 10 | 000 SW Jacks | on St., Suite | e 420, Top | oeka, Kansas 66612-136 | Telephon | ie 785-296-3565. | |
| Visit us at ht | tp://www.kdhek | s.gov/waterwel | 1/index.html | | | | | | | K | SA 82a-1212 | |