KOLAR Document ID: 1576443

| WATER WELL RECORD ☐ Original Record ☐ Correction ☐ Change in Well Use | | | | | | Division of Water Resources App. No. | | | | Well ID | | | |
|--|--|--|---------------------------|-------------------|-----------------|---|---|---|--|----------------------------|--------------------------------|--|--|
| 1 LOCATION OF WATER WELL: Fraction | | | | | | | ection Nu | | Township Numb | | nge Number | | |
| County: | | | 1/4 1/4 | 1/4 | | | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | | | | | |
| · | | | | | | Street or I | treet or Rural Address where well is located (if unknown, distance and | | | | | | |
| Business: di | | | | | | direction fro | irection from nearest town or intersection): If at owner's address, check here: | | | | | | |
| Address: Address: | | | | | | | | | | | | | |
| | City: State: ZIP: | | | | | | | | | | | | |
| | 2 LOCATE WELL | | | | | | _ | | | | | | |
| | TTH "X" IN 4 DEPTH OF COMPLE | | | | | | | 5 Latitude:(decimal degrees) | | | | | |
| SECTION | CTION BOX: Depth(s) Groundwater Encountered: 1) | | | | | | | | | | | | |
| N | 2) ft. 3) ft., or 4) \(\square\) WELL'S STATIC WATER LEVEL: | | | | | | | | | | | | |
| | | below land surface, measured on (mo-day-yr | | | | | _ | | or Latitude/Longitude (unit make/model: | | , | | |
| NW | NE | above land surface, measured on (mo-day-yr | | | | | | | (WAAS enabled? | | | | |
| | ī | Pump test data: Well water was ft. | | | | t. | ☐ Land Survey ☐ Topogra | | | | , | | |
| w | E | after hours pumpinggr | | | | | | ☐ Online Mapper: | | | | | |
| SW | SE | Well water was ft. | | | | | | | | | | | |
| | ī | after hours pumping gp Estimated Yield:gpm | | | | gpm | 6 Elevation :ft. □ | | | . Ground | d Level □ TOC | | |
| S | | Bore Hole Diameter: in. to | | | | ft. and | | | | | | | |
| 1 m | | in. to | | | | | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | | |
| 1. Domestic: 5. Public Water Supply: well ID | | | | | | | | | | | | | |
| _ | Household 6. Dewatering: how many wells? | | | | | | | | e: well ID | | | | |
| | | | | | charge: well ID | | | | l ☐ Uncased ☐ | | | | |
| 2. ☐ Irrigation | ☐ Livestock 8. ☐ Monitoring: well ID | | | | | | | 12. Geothermal: how many bores? | | | | | |
| 3. ☐ Feedlot | | | Air Sparge | | | Extraction | | | | | | | |
| 4. ☐ Industrial ☐ Recovery | | | | | | | | | (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 Punch | | | | | None (Op | | | •••••• | | | |
| SCREEN-P | | | | | | | | | ft., From | ft. to | ft. | | |
| GR | RAVEL PAC | K INTERV | ALS: Fron | n ft. to | o | ft., Fror | 1 | . ft. to | ft., From | ft. to | ft. | | |
| 9 GROUT | MATERIA | L: 🗌 Neat o | ement _ | Cement grout | □ Be | entonite [| Other | | | | | | |
| | | | | | | | | | ft. to | ft. | | | |
| | ce of possible | | | potential sourc | | | | | | . 1 . 04 | | | |
| ☐ Septic T ☐ Sewer L | | | Lateral Line Cess Pool | | | | ☐ Livestoo ☐ Fuel Sto | | | cide Storage oned Water | | | |
| | ght Sewer Lin | | | ☐ Fee | | | ☐ Fertilize | | | ell/Gas Well | | | |
| Other (Specify) | | | | | | | | | | | | | |
| Direction from | m well? | | | | from w | ell? | | | ft | | | | |
| 10 FROM | TO | I | ITHOLOG | GIC LOG | | FROM | TO | Lľ | THO. LOG (cont.) or | : PLUGGIN | G INTERVALS | | |
| | | | | | | | | | | | | | |
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| | | | | | | Notes: | | • | | | | | |
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| 11. CONTRACTIONIC OR LANDONINDIC OFFICE TO THE CONTRACT OF THE | | | | | | | | | | | | | |
| 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 bu | isiness name | of | | | | | | | on (mo duy y | | | | |
| 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. | | | | | | | | | | | | | |
| _ | ent of Health ar tp://www.kdhek | | | vater, Geology Se | ection, 10 | JUU SW Jacks | on St., Suite | 420, Top | река, Kansas 66612-136 | | e 785-296-3565. SA 82a-1212 | | |
| v isit us at m | ιμ.// www.Kunek | .s.gov/waterwer | ı/ IIIUCX.IIIIII | | | | | | | IX, | 111 02a-1212 | | |