KOLAR Document ID: 1521927

WATER WELL RECORD ☐ Original Record ☐ Correction ☐ Change in Well Use							ivision of Wassources App.			Well ID		
				Fraction					Township Numb	Township Number Range Nur		
County:			1/4 1/4	1/4		ection Numb	,01	T S	R	□ 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:		T	State:	ZIP:								
	CATE WELL 4 DEPTH OF COMPLETED				LT:		ft. 5 Latitude :				(decimal degrees)	
	WITH "X" IN Depth(s) Groundwater Engage							Longitude:(decimal degrees)				
	CTION BOX: Depth(s) Groundwater Encountered. 1)											
	WELL'S STATIC WATER LEVEL:							Source for Latitude/Longitude:				
		below land surface, measured on (mo-day-yr				-yr)		GPS (unit make/model:)				
NW	NE	above land surface, measured on (mo-day-yr						(WAAS enabled? ☐ Yes ☐ No)				
		Pump test data: Well water was ft.						☐ Land Survey ☐ Topographic Map				
w	E	after hours pumpinggp						Onlin	e Mapper:			
SW	SE	Well water was ft.										
	ΪX	after hours pumping gp				gpm	6 Elev	6 Elevation:ft. ☐ Ground Level ☐ TOC				
	S	Estimated Yield:gpm				ft and		Source: Land Survey GPS Topograph				
		Bore Hole Diameter: in. to					Other					
1 mile in. to ft. Uther												
1. Domestic:				ter Supply: well I	ID		10 🗆 ()il Fi	ald Water Supply: 1	2250		
	. Domestic: 5. ☐ Public Water Supply: well ID ☐ Household 6. ☐ Dewatering: how many wells?							10. ☐ Oil Field Water Supply: lease				
_					harge: well ID			☐ Cased ☐ Uncased ☐ Geotechnical				
=					well ID				nal: how many bores			
2. ☐ Irrigati				al Remediation: w					l Loop Horizont			
						Extraction		Open Loop ☐ Surface Discharge ☐ Inj. of Water				
4. ☐ Industrial ☐ Recovery ☐ In					_		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 JOINTS: Glued Clamped Welded Threaded												
Casing diameter												
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					
									ft., From			
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft. to ft.												
				. ft., From		ft. to	ft., Fron	1	ft. to	ft.		
	rce of possible			potential source of								
☐ Septic '			Lateral Line				Livestock P			cide Storage		
☐ Sewer l			Cess Pool	☐ Sewa			Fuel Storag			oned Water		
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well												
☐ Other (Specify)												
10 FROM	TO		ITHOLOG		OIII W	FROM	ТО		THO. LOG (cont.) 01		JG INTERVALS	
10 110111				220 200		1 ICOIVI	10	1011	200 (cont.) 01	LEGGGI	· · · · · · · · · · · · · · · · · · · ·	
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						Notes:		1				
						110163.						
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 b	usiness name	of	·····		<u></u>	·····			······································	<u>,</u>		
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.												
_				Vater, Geology Secti	ion, 10	000 SW Jackso	on St., Suite 420), Top	eka, Kansas 66612-136			
Visit us at h	ttp://www.kdhek	ks.gov/waterwel	1/1ndex.html							K	SA 82a-1212	