KOLAR Document ID: 1417495

					on of Water	l l		V 11 ID		
Original Record  1 LOCATION OF W		e in Well Use			ces App. No			Well ID	N	
County:	AIEK WELL:	Fraction 1/4 1/4 1/4		Secuo	on Number	Townshi	p Number S	R	ge Number □ E □ W	
2 WELL OWNER: L	ost Nama:		1	Rural	Address v					
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:										
Address:										
Address:	G	710								
City:	State:	ZIP:		1						
3 LOCATE WELL WITH "X" IN	4 DEPTH OF COMPLETED WELL:				5 Latitude:(decimal degrees)					
SECTION BOX:	Depth(s) Groundwater I	ft.		Longitude:(decimal degrees)						
N N	2) ft. 3		1	Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27						
	WELL'S STATIC WATER LEVEL:				Source for Latitude/Longitude:					
	below land surface, measured on (mo-day-yr) above land surface, measured on (mo-day-yr)				☐ GP			el:)		
NW   NE	Pump test data: Well w		••••	(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map						
W E	after hours			☐ Calid Survey ☐ Topographic Wap						
	Well w									
SW X - SE		pumping gpm			6 Floretion:					
	Estimated Yield:				6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map					
S 					Other					
1 mile  in. to ft. Uniter										
1. Domestic:		ter Supply: well ID			10 🗆 0:1	Field Water S	unnly: leace			
Household	6. ☐ Dewaterin									
☐ Lawn & Garden					☐ Cased ☐ Uncased ☐ Geotechnical					
Livestock	8. Monitoring: well ID				12. Geothermal: how many bores?					
2.  Irrigation		al Remediation: well ID			a) Closed Loop					
3. Feedlot	☐ Air Sparge ☐ Soil Vapor Extraction				b) Open Loop ☐ Surface Discharge ☐ Inj. of Water					
	4. ☐ Industrial ☐ Recovery ☐ Injection 13. ☐ Other (specify):									
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										
Casing height above land surface										
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)										
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)										
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft., From ft., From ft.										
GRAVEL PACK INTERVALS: From ft., From ft., From ft., From ft., From ft.										
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other										
						ft. 1	to	ft.		
Nearest source of possible contamination: No potential source of contamination within 200 ft.  ☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage										
Sewer Lines	☐ Cess Pool	☐ Sewage Lag	goon		vestock i en iel Storage		Abandone		Well	
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well										
☐ Other (Specify)										
Direction from well? Distance from well?										
10 FROM TO	LITHOLOG	GIC LOG	FROM	1	TO I	LITHO. LOG	(cont.) or PI	UGGIN	G 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)										
under my jurisdiction at	ia was completed on (m	10-day-year)	a	nd thi	is record is	true to the b	est of my k	nowledg	ge and belief.	
under the business name	mactor's License No	1 ms w a	uei well l	Kecor	u was com	pieted on (m	o-uay-year	<i>)</i>		
GIAGI TIO OGGINOSS HAIR	Send one copy to WATER W	ELL OWNER and retain of	one for your	records	s. Fee of \$5.0	00 for each const	tructed well.			
KS Department of Health a	nd Environment, Bureau of W									
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212										