KOLAR Document ID: 1608805

WATER V								sion of Wate							
Original R		Correction		e in Well				urces App. N			Well II				
1 LOCATION OF WATER WELL:			Fraction 1/4 1/4 1/4 1/4			Sect	ion Numbe	er	Township Numb		Range Number				
County:			1/4	1/4 1/	-	1 4	T S								
2 WELL OWNER: Last Name:			First:			or Rural Address where well is located (if unknown, distance and									
Business: Address:			direction	n from nearest town or intersection): If at owner's address, check here:											
Address:															
City:	ZIP:														
3 LOCATE WELL 4 DEPTH OF COM				IPLETED WELL: ft				5 Latitude:(decimal degrees)							
WITH "X" IN				Encountered: 1) ft.											
SECTION BOX:				Bilcountered. 1)						e:				degrees)	
				ATER LEVEL: ft.						WGS 84 NAI		JINA	AD 27		
							Source for Latitude/Longitude:   GPS (unit make/model:					)			
NW	_ NF	<ul><li>□ below land surface, measured on (mo-day-yr)</li><li>□ above land surface, measured on (mo-day-yr)</li></ul>											)		
		Pump test data: Well water was ft.					☐ Land Survey ☐ Topographic Map					-,			
w	<del>       </del> E	after hours pumping gpr						Online Mapper:							
sw	SE	Well water was ft.													
3W 3E		after hours pumping						6 Elevation:ft. ☐ Ground Level ☐ TOC							
		Estimated Y		in. to ft. and			Source: Land Survey GPS Topographic Map								
S	el					· uii			Other						
1 mile  in. to ft. Uother															
1. Domestic:	AIEK IU			ter Sunnls	: well ID			10 🗆 🗀	] Fie	eld Water Supply: 14	ease				
	☐ Household 6. ☐ Dewaterin										d Water Supply: lease				
☐ Lawn & Garden 7. ☐ Aquifer R										l ☐ Uncased ☐ Geotechnical					
☐ Livestock 8. ☐ Monitorin															
2. ☐ Irrigation 9. Environments				l Remedia	ation: well I	D		a) Cl	osed	Loop 🔲 Horizont	al 🔲 Vo	ertic	al		
3. ☐ Feedlot ☐ Air Sparge				] Soil Vapor	Extraction	1	b) Open Loop   Surface Discharge   Inj								
4. Industrial	1		Recovery		Injection			13. 🗌 Ot	her (	(specify):					
Was a chemi	ical/bacteri	ological san	ıple subm	itted to l	KDHE?	Yes 🔲	No	If yes, date	e sar	nple was submitte	d:				
Water well di	isinfected?	☐ Yes ☐ ]	No												
										Glued Clamped			☐ Th	readed	
								ft., Dian	neter	in. to		ft.			
Casing height a						lbs	s./ft.	Wall thick	iness	or gauge No	• • • • • • • • • • • • • • • • • • • •	••			
TYPE OF SCREEN OR PERFORATION MATERIAL:       □ PVC       □ Other (Specify)															
☐ Steel	less Steel	1.7	1 1 1	Other (Specify)											
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)  SCREEN OR PERFORATION OPENINGS ARE:															
☐ Continuo		Mill Slot		xe. iuze Wrap	ned DT	orch Cut		illed Holes	$\Box$	Other (Specify)					
_		☐ Key Punch						one (Open H				•••••		•••	
SCREEN-PE	RFORATE	D INTERVA	ALS: From	l						ft., From	ft.	to.		ft.	
										ft., From					
										ft. to					
Nearest source		contaminatio	on: No	potential	source of co										
☐ Septic Ta			Lateral Lines		☐ Pit Privy			Livestock Pe		☐ Insection					
☐ Sewer Liı			Cess Pool		Sewage L			Fuel Storage		Abando			Vell		
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well															
☐ Other (Specify)															
10 FROM	TO		ITHOLOG			FRO				HO. LOG (cont.) 01		INC	INTE	RVAIS	
10 TROM	10		IIIIOLOG	ne Loo		TRO	111	10	LII	110. LOG (cont.) of	TLOGG	1110	IIII	KVALS	
						Note	s:								
										onstructed, 🗌 reco					
under my juri	isdiction and	d was comple	eted on (m	o-day-ye	ar)		and the	his record i	s tru	ie to the best of m	y knowle	edg	e and l	belief.	
Kansas Water	r Well Cont	ractor's Lice	ense No	• • • • • • • • • • • •	This W	ater Wel	Reco	ord was cor	nple	eted on (mo-day-ye	ear)	• • • •			
under the bus	iness name	01	WATED W	ELL OWN	ED and ratain	one for	ır rocc:	rde Eas af ¢e		or each <u>constructed</u> we		••••	<u></u>		
KS Departmen	S nt of Health an	d Environment	Bureau of W	ater. Geol	ogy Section. 1	.000 SW Ja	n recor ckson S	ius. ree 01 \$5 St., Suite 420	Tone	or each <u>constructed</u> we eka, Kansas 66612-136	л. 57. Telenh	one	785-29 <i>€</i>	5-3565.	
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