KOLAR Document ID: 1596292

WATER WELL RECORD ☐ Original Record ☐ Correction ☐ Change in Well Use							ivision of Wat sources App.			] Well ID		
1 LOCATION OF WATER WELL: Fraction						ection Numb		Township Numb		ange Number		
				1/4 1/4	1/4		_				□ E □ W	
·						Street or R	treet or Rural Address where well is located (if unknown, distance and					
	Business: di						irection from nearest town or intersection): If at owner's address, check here:					
Address: Address:												
	City: State: ZIP:											
	3 LOCATE WELL						0					
	4 DEPTH OF COMPLETED WELL:					,						
SECTIO	PION 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									,	
NW	NF _ X	above land surface, measured on (mo-day-yr						☐ GPS (unit make/model:				
'''	1	Pump test data: Well water was ft.				t.		☐ Land Survey ☐ Topographic Map				
w	E	after hours pumpinggr						☐ Online Mapper:				
SW	SE	Well water was ft.										
~	ī	after hours pumping gp Estimated Yield:gpm				gpm	6 Elev	6 Elevation:ft. ☐ Ground Level ☐ TOC			nd Level   TOC	
	S	Bore Hole Diameter: in. to				ft and		Source: Land Survey GPS Topog				
1 n		Bore Hore I	in. to				Other					
7 WELL V	WATER TO	BE USED A					<u> </u>				-	
1. Domestic: 5. ☐ Public Water Supply: well ID										ease		
☐ Housel	☐ Household 6. ☐ Dewatering: how many wells?						. 11. Test	11. Test Hole: well ID				
	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well I							☐ Cased ☐ Uncased ☐ Geotechnical				
	☐ Livestock 8. ☐ Monitoring: well ID								nal: how many bores			
2.  Irrigati						D Extraction		a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water				
3. ☐ Feedlot ☐ Air Sparge 4. ☐ Industrial ☐ Recovery				: ☐ Soll V	_	Extraction	13. Other (specify):					
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:												
8 TYPE OF CASING USED:       □ Steel □ PVC □ Other												
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:												
_		☐ Mill Slot ☐ Key Puncl		auze Wrapped			Drilled Holes None (Open 1		Other (Specify)	• • • • • • • • • • • • • • • • • • • •		
									ft., From	ft 1	to ft	
GRAVEL PACK INTERVALS: From												
									ft. to			
	rce of possible	e contaminati	on: No	potential source		tamination v	vithin 200 ft.					
☐ Septic '			Lateral Line				Livestock P			cide Storag		
☐ Sewer l			Cess Pool				Fuel Storage		Abando			
□ Watertight Sewer Lines       □ Seepage Pit       □ Feedyard       □ Fertilizer Storage       □ Oil Well/Gas Well         □ Other (Specify)       □ Oil Well/Gas Well												
Direction from well? ft.												
10 FROM	TO		ITHOLOG		10111 **	FROM	ТО		THO. LOG (cont.) or		NG INTERVALS	
_									(1.2.27)			
											<u> </u>	
						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)												
Kansas Water Well Contractor's License No												
under the b	usiness name	of			<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.												
_	nent of Health af ttp://www.kdhek			vaici, Geology Sec	110II, I(	OU S W JACKS	ni St., Suite 420	, тор	cka, Kaiisas 00012-130		SA 82a-1212	
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