KOLAR Document ID: 1543445

WATER WELL RECORD ☐ Original Record ☐ Correction ☐ Change in Well Use							ivision of Wat sources App. 1			] Well ID		
1 LOCATION OF WATER WELL: Fraction							ection Number		Township Numb		ange Number	
County:			1/4 1/4	1/4		1				□ E □ W		
						Street or R	treet or Rural Address where well is located (if unknown, distance and					
Business: di						direction from	irection from nearest town or intersection): If at owner's address, check here:					
Address: Address:												
	City: State: ZIP:											
3 LOCAT	E WELL						_					
	TH "X" IN 4 DEPTH OF COMPLETED WELL											
SECTIO	TION BOX: Depth(s) Groundwater Encountered: 1)											
N	2) ft. 3) ft., or 4) \( \sqrt{\text{WELL'S STATIC WATER LEVEL:}}						Datum: WGS 84 NAD 83 NAD 27					
			below land surface, measured on (mo-day-yr)						Latitude/Longitude		,	
NW	NF	above land surface, measured on (mo-day-yr						☐ GPS (unit make/model:				
	ı î	Pump test data: Well water was ft.				t.		☐ Land Survey ☐ Topographic Map				
w	E	after hours pumpinggr						☐ Online Mapper:				
X SW	SE	Well water was ft.										
X		after hours pumping gp Estimated Yield:gpm				gpm	6 Eleva	6 Elevation:ft. ☐ Ground Level ☐ TOC				
	S	Bore Hole Diameter: in. to				ft and		Source:				
1 n	~	in. to					D Others					
7 WELL V	WATER TO	BE USED A					<b>'</b>				-	
1. Domestic: 5. Public Water Supply: well ID												
☐ Housel	☐ Household 6. ☐ Dewatering: how many wells?						11. Test	11. Test Hole: well ID				
=					e: well ID			☐ Cased ☐ Uncased ☐ Geotechnical				
	☐ Livestock 8. ☐ Monitoring: well ID								al: how many bores			
2.  Irrigati								a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water				
3. ☐ Feedlot ☐ Air Sparge 4. ☐ Industrial ☐ Recovery					<ul><li>☐ Soil Vapor Extraction</li><li>☐ Injection</li></ul>			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:												
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)												
									ft., From	ft	to ft	
									ft., From			
9 GROUT	MATERIA	L: Neat of	rement	Cement grout		entonite $\square$	Other	····				
									ft. to			
	rce of possible		on: No	potential source	of con	tamination v	ithin 200 ft.					
☐ Septic '			Lateral Line				Livestock Pe		☐ Insection			
☐ Sewer l			Cess Pool				Fuel Storage		Abando			
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well												
☐ Other (Specify)												
10 FROM	TO		ITHOLOG		IOIII W	FROM	ТО		THO. LOG (cont.) or		NG INTERVALS	
						1101.1			2 2 (30111) 01	2 2 3 3		
		-										
									•			
						Notes:						
11. CONTED A CETODAS OD I ANDOMANEDAS CEDERICA EVON EL												
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 Wa	ansuichon an ter Well Con	u was compl tractor's Lice	ense No	(Tł	nis W	aner Well R	a uns record	าง นไ mnl∈	eted on (mo-day-y	y knowie ear)	uge and bellet.	
under the b	usiness name	of						p.ic	on (mo day-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.												
_				Vater, Geology Sec	tion, 10	000 SW Jackso	n St., Suite 420.	, Тор	eka, Kansas 66612-136			
Visit us at h	ttp://www.kdhek	ks.gov/waterwel	1/1ndex.html							ľ	KSA 82a-1212	