KOLAR Document ID: 1526274

WATER WELL RECORD ☐ Original Record ☐ Correction ☐ Change in Well Use							vision of Wate sources App. N		Well ID			
1 LOCATION OF WATER WELL: Fraction							ection Number		Township Numb		ange Number	
County:			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						direction from	irection from nearest town or intersection): If at owner's address, check here:					
Address: Address:												
City: State: ZIP:												
3 I OCATE WELL					<u> </u>		_					
	WITH "Y" IN 4 DEPTH OF COMPLETED								:			
SECTIO	ECTION BOX: Depth(s) Groundwater Encountered: 1)					201810000)						
N	2)								WGS 84 □ NAI		NAD 27	
	T X	below land surface, measured on (mo-day-yr							Latitude/Longitude		,	
NW	NF	above land surface, measured on (mo-day-yr						GPS (unit make/model:				
	i l	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 Eleva	6 Elevation:ft. ☐ Ground Level ☐ TOC				
		Bore Hole Diameter: in. to				ft and		Source: Land Survey GPS Topographic				
1 m		in. to				Other						
7 WELL V	VATER TO	BE USED A	AS:				•					
1. Domestic: 5. ☐ Public Water Supply: well ID										ease		
	☐ Household 6. ☐ Dewatering: how many wells?											
_					harge: well ID				☐ Uncased ☐ 0			
	☐ Livestock 8. ☐ Monitoring: well ID							12. Geothermal: how many bores?				
2. ☐ Irrigation 3. ☐ Feedlot	2. ☐ Irrigation 9. Environmental Remediation: well ID							a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water				
3. ☐ Feedlot ☐ Air Sparge 4. ☐ Industrial ☐ Recovery					☐ Soil Vapor Extraction ☐ Injection 1			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	ПВе	entonite \square	Other	····				
									ft. to			
	rce of possible	e contaminati	on: No	potential source	of con	tamination v	rithin 200 ft.					
☐ Septic 7			Lateral Line				Livestock Pe		☐ Insection			
☐ Sewer I			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	ТО		ITHOLOG		TOIII W	FROM	ТО		THO. LOG (cont.) or		NG INTERVALS	
									()			
											<u></u>	
					_							
						1						
						Notes:						
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged												
									onstructed, $\ \ \ \ \ $ recourse to the best of m			
Kansas Wat	ter Well Con	tractor's Lice	ense No	Tl	nis Wa	ater Well Re	cord was con	nole	eted on (mo-day-ye	ear)	age and belief.	
under the bu	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 ar tp://www.kdhek			vater, Geology Sec	cuon, 10	JUU SW Jackso	n St., Suite 420,	, горе	eka, Kansas 66612-136		one 785-296-3565. KSA 82a-1212	
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