KOLAR Document ID: 1472921

WATER WELL RECORD ☐ Original Record ☐ Correction ☐ Change in Well Use							ivision of Wa sources App.] Well ID		
				Fraction			ection Numb				inge Number	
County:			1/4 1/4	1/4		ection runn)C1	T S	R	□ E □ W		
county.							treet or Rural Address where well is located (if unknown, distance and					
							irection from nearest town or intersection): If at owner's address, check here:					
Address:							need on noth nearest town of measurements. If at owner is address, effects field.					
Address:	Address:											
City:			State:	ZIP:								
3 LOCATI					тт.		ft. 5 Latitude:				(4:1 4)	
	Depth(s) Groundwater Encountered:											
	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$											
N	N WELL'S STATIC WATER LEVEL:							Source for Latitude/Longitude:				
		below land surface, measured on (mo-day-yr							(unit make/model:)	
NW	NE	above land surface, measured on (mo-day-yr				-yr)		(WAAS enabled? ☐ Yes ☐ No)				
	1	Pump test data: Well water was ft.				it.		☐ Land Survey ☐ Topographic Map				
w	E	after hours pumpinggr						☐ Online Mapper:				
SW	SF	Well water was ft.										
	I I	after hours pumping gp				gpm	6 Elev	6 Elevation:ft. ☐ Ground Level ☐ TOC			nd Level 🗆 TOC	
		Estimated Yield:gpm				6 1		Source: Land Survey GPS Topographic				
	S aila	Bore Hole Diameter: in. to					Other					
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID												
	1. Domestic: 5. ☐ Public Water Supply: well ID ☐ Household 6. ☐ Dewatering: how many wells?							10. Oil Field Water Supply: lease				
_	☐ Lawn & Garden							☐ Cased ☐ Uncased ☐ Geotechnical				
=)				nal: how many bores			
2. Irrigati				al Remediation:					d Loop			
3. ☐ Feedlor												
4. ☐ Industrial ☐ Recovery ☐ I					-		13. Other (specify):					
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:												
Water well disinfected? \square Yes \square No												
8 TYPE OF CASING USED: Steel PVC Other												
Casing diameter in. to												
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)												
_		☐ Key Puncl					None (Open					
									ft., From			
Gl	RAVEL PAC	K INTERV	ALS: Fron	1 ft. to		ft., Fron	ı ft.	to	ft., From	ft. t	o ft.	
				. ft., From		ft. to	ft., Fron	n	ft. to	ft.		
	rce of possible			potential source								
☐ Septic			Lateral Line				Livestock F			cide Storag		
☐ Sewer I			Cess Pool				Fuel Storag			oned Water		
☐ 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	
10 11(0)(1				200		1 ICOIVI	10		200 (cont.) 01	. 1 20 0011	, S II (ILIK (/ ILIS	
						+		1			-	
						+		1			-	
						1		1				
						+		1			-	
						+		1				
						Notes:	1	1				
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										
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 ttp://www.kdhek			vater, Geology Sec	uon, 10	JUU 5 W Jacks	on St., Suite 420	<i>)</i> , 10p	eka, Kansas 66612-136		ne 785-296-3565. ISA 82a-1212	
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