KOLAR Document ID: 1563650

WATER WEL			Form V													
Original Record		Correction		e in Well				urces App. N			Well II					
1 LOCATION OF WATER WELL:			Fraction			Section Number			Township Numb			ge Num				
County:			1/4	1/4 1		1 4 1 1	T S	R DEDW								
2 WELL OWNER: Last Name:				First:				Rural Address where well is located (if unknown, distance and								
Business: Address:			direction	from nearest town or intersection): If at owner's address, check here:												
Address:																
City:			State:	ZIP:												
3 LOCATE WEL	DI DED	DWELL.		£.	5 Latitude:(decimal degrees)											
WITH "X" IN	VIIH "X" IN Donth (s) Crown devictor 1					PLETED WELL: ft.										
SECTION BOX	SECTION BOX: 1 2) ft 3					(i) ft., or 4) \( \square\) Dry Well				Longitude:         (decimal degrees)           Datum:         WGS 84         NAD 83         NAD 27						
N	EL:				Source for Latitude/Longitude:											
		neasured on (mo-day-yr)				GPS (unit make/model:)										
NW NE -	measured on (mo-day-yr)															
	ater was ft.				☐ Land Survey ☐ Topographic Map											
w	E after hours					pumpinggpm				Online Mapper:						
				rater was ft.												
alter nours			pumping gpm				6 Elevation:ft. ☐ Ground Level ☐ TOC									
Estimated Yield:				4.	C 1		Source: Land Survey GPS Topograph									
S Bore Hole Diameter:										Other						
7 WELL WATER TO BE USED AS:																
1. Domestic:	A IUI		<b>15:</b> ] Public Wat	ter Sunnls	well ID			10 🗆 Oi	Fie	eld Water Supply: 14	ease					
☐ Household										eld Water Supply: leasee: well ID						
☐ Lawn & Garden 7. ☐ Aquifer Re									l Uncased Geotechnical							
☐ Livestock 8. ☐ Monitoring									al: how many bores							
2. ☐ Irrigation		ation: well l			a) Clo	osed	Loop 🔲 Horizont	oop   Horizontal  Vertical								
3. ☐ Feedlot	Air Sparge		] Soil Vapor	Extraction	1	b) Open Loop   Surface Discharge   Inj.										
4. ☐ Industrial			Recovery		Injection			13. 🔲 Ot	her (	(specify):	• • • • • • • • • • •		• • • • • • • • •			
Was a chemical/b	oacterio	ological san	nple subm	itted to l	KDHE?	] Yes $\square$	No	If yes, date	sar	nple was submitte	d:					
Water well disinfe	ected?	☐ Yes ☐	No													
8 TYPE OF CAS													☐ Thr	eaded		
Casing diameter								ft., Diam	eter	in. to		ft.				
Casing height above						lbs	s./ft.	Wall thick	ness	or gauge No	• • • • • • • • • • •					
TYPE OF SCREE			ION MAT	ΓERIAL:						~						
☐ Steel         ☐ PVC         ☐ Other (Specify)         ☐ Other (Specify)           ☐ Brass         ☐ Galvanized Steel         ☐ None used (open hole)												•••				
☐ Brass ☐ SCREEN OR PER		nized Steel	NINICC AT	οπ.	☐ None	used (oper	i hole)	)								
☐ Continuous Sl		☐ Mill Slot		xe. iuze Wrap	ned DT	orch Cut		alled Holes	П	Other (Specify)						
Louvered Shu	_							one (Open H			• • • • • • • • • • • • • • • • • • • •	••••		••		
SCREEN-PERFO	RATEI	D INTERVA	ALS: From	l							ft.	. to		ft.		
										ft., From						
9 GROUT MAT																
Grout Intervals: Fro																
Nearest source of p		contaminati	on: No	potential	source of co											
☐ Septic Tank			Lateral Lines		☐ Pit Privy			Livestock Per		☐ Insection						
☐ Sewer Lines			Cess Pool		Sewage L			Fuel Storage		Abando			Vell			
☐ Watertight Sew			Seepage Pit		☐ Feedyard		∐ŀ	Fertilizer Sto	rage	☐ Oil We	II/Gas W	ell				
☐ Other (Specify)																
10 FROM TO			ITHOLOG			FRO						INC	INTEL	ZVALS		
IO TROM TO	_		IIIOLOG	ic Log		TRO	IVI	10	LH	110. LOG (cont.) of	TLUGG	1110	INTE	CVALS		
	<del>-  </del> -															
						Note	s:	<u> </u>								
							-									
11 CONTRACTO	OR'S	OR LANDO	WNER'S	CERTI	FICATIO	N: This	water	well was	] cc	onstructed, $\square$ reco	nstructe	d, c	or [] p!	ugged		
under my jurisdicti	tion and	was compl	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 b	elief.		
Kansas Water Wel	ll Contr	actor's Lice	ense No		This W	ater Wel	Reco	ord was con	nple	eted on (mo-day-ye	ear)					
under the business	s name o	of	WATED W	EII OWN	ED and a-4-'	one for	10 00	rda Foo -f o f	00.0	or and compter-t-1		<u></u>	•••••			
KS Department of H	Se Iealth and	na one copy to l Environment	, watek wi . Bureau of W	ELL OWN ater. Geol	EK and retain	one for you 000 SW Ia	ir recor ckson S	ius. ree oi \$5 St., Suite 420	.uu t Tone	or each <u>constructed</u> we eka, Kansas 66612-136	л. 57. Telenh	ione	785-296	-3565.		
Visit us at http://www				, 50010	- <sub>0</sub> , 5000001, 1			, Sanc 720,	- ope	, 1			A 82a-1			