KOLAR Document ID: 1461339

	WELL R			WWC-5				on of Wate					
		Correction		e in Well Use				ces App. N			Well ID		
				Fraction		Section Number			Township Numb		nge Number		
County: 1/4 1/4 1/4 2 WELL OWNER: Last Name: First: S						-	11101	$\begin{array}{c c c c c c c c c c c c c c c c c c c $					
2 WELL Business:		rection from nearest town or intersection): If at owner's address, check here:											
Address:						certon non nearest town of intersection). If at owner's address, eneck here.							
Address:													
City:		T	State:	ZIP:									
3 LOCAT		4 DEPTH	OF COM	IPLETED WEL	L: .		ft.	5 Latit	nde.			(decimal degrees)	
WITH "X" IN SECTION BOX:													
	N 2) ft. 3) ft., or 4) \Box						Dry Well Datum: WGS 84 NAD 83 NAD 27						
		WELL'S STATIC WATER LEVEL: ft below land surface, measured on (mo-day-yr)						Source for Latitude/Longitude:					
			-yr) -yr)										
NW	NE	Pump test da		······ (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map			√ 0)						
w	E	after		Online Mapper:									
			ft.										
SW	SE	after	gpm	6 Flowering: ft Crowned Level TO									
		Estimated Y	6 1	6 Elevation: ft. □ Ground Level □ nd Source: □ Land Survey □ GPS □ Topographic									
1 r	S nilel	Bore Hole Diameter: in. to in. to					nd <u>Source</u> . Eand Survey Gris Gris population						
		BE USED A		III. to		It.							
1. Domestic:				ter Supply: well ID)			10. 🗆 0	il Fie	eld Water Supply: le	ease		
House				g: how many wells					e: well ID				
								d 🗌 Uncased 🔲 Geotechnical					
	Livestock 8. Monitoring: well ID									al: how many bores			
2. 🗌 Irrigati			vironment Air Sparge	al Remediation: we			•			l Loop 🔲 Horizont			
3. Feedlo		Soil Vapor Extraction			b) Open Loop 🗌 Surface Discharge 🔲 Inj. of Water								
4. Industrial Recovery Injection 13. Other (specify):													
Was a chemical/bacteriological sample submitted to KDHE? \Box Yes \Box No If yes, date sample was submitted:													
						CAS			·.] Glued 🔲 Clamped	I 🗖 W-14-	1 🗖 Thursdad	
Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No													
		PERFORAT								8			
$\Box \text{ Steel} \qquad \Box \text{ Stainless Steel} \qquad \Box \text{ PVC} \qquad \Box \text{ Other (Specify)} \dots$													
□ Brass □ Galvanized Steel □ None used (open hole)													
SCREEN OR PERFORATION OPENINGS ARE:													
	nuous Slot	☐ Mill Slot								Other (Specify)			
		Key Punch		••				ne (Open H		ft., From	ft to	ft	
										ft., From			
										ft. to			
		e contaminati	on: No	potential source of	con	ntamination v	vithi	n 200 ft.					
Septic '			Lateral Line					vestock Pe			cide Storage		
Sewer]			Cess Pool					iel Storage			oned Water		
	ight Sewer Lin (Specify)		eepage Pit	Feedya:			_ Fe	ertilizer Sto	orage		ll/Gas Well		
										ft.			
10 FROM	TO		ITHOLO			FROM		ТО		THO. LOG (cont.) or		GINTERVALS	
						_	\perp						
						Notes:							
11 CONT	11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged												
under mv i	under my jurisdiction and was completed on (mo-day-year) and this record is true to the best of my knowledge and belief.												
Kansas Water Well Contractor's License No This Water Well Record was completed on (mo-day-year)													
under the business name of													
KS Departm	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.												
		ks.gov/waterwel			, 10			., 2010 720,	, - opt			SA 82a-1212	