## KOLAR Document ID: 1401932

WATER W				WWC-5				on of Wate						
Original Re		Correction		e in Well Use				ces App. N			Well ID			
				Fraction $\frac{1}{4}$ $\frac{1}{4}$	1⁄4	Section Number Township Number						nge Number		
county:							Durol	$\begin{array}{c c c c c c c c c c c c c c c c c c c $						
							irection from nearest town or intersection): If at owner's address, check here:							
Address:	uncetion no	······································												
Address:			<b>Q</b>	715										
City: <b>3 LOCATE V</b>	VELT	I	State:	ZIP:										
WITH "X" IN 4 DEPTH OF COMPLETED WELL:														
<b>SECTION BOX</b> . Depth(s) Groundwater Encountered: 1)								Longitude:						
N	2) ft. 3) ft., or 4) WELL'S STATIC WATER LEVEL:									Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude:				
		below l					unit make/model:		)					
NW	NE	above la	yr)				WAAS enabled?							
		Pump test data: Well water was ft. after hours pumping gp					□ Land Survey □ Topographic Map							
W V	E	after			Online Mapper:									
	SE	after	Well water wasft.     after hours pumping											
		Estimated Yield:gpm					6 Elevation:ft.  Ground Level  T							
S	1	Bore Hole Diameter: in. to					Source: Land Survey GPS Topograph							
1 mile- 7 WELL WA		DE LISED		in. to		It.				Oulei	•••••			
1. Domestic:	IEK IU			ter Supply: we					il Fie	ld Water Supply: 16	Pase			
	1. Domestic: 5. □ Public Water Supply: well ID   □ Household 6. □ Dewatering: how many wells?													
Lawn & Garden 7.			7. 🗌 Aquifer Recharge: well ID				Cased Uncased							
	Livestock 8. Monitoring: well ID													
2. ☐ Irrigation 3. ☐ Feedlot				al Remediation:				a) Closed Loop  Horizontal  Vertical b) Open Loop  Surface Discharge  Inj. of Water						
4. Industrial								13. Other (specify):						
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:														
Was a chemical bacteriological sample submitted to KDHE? $\square$ Yes $\square$ No $\square$ Yes, date sample was submitted:														
				C □ Other		CAS	SING	JOINTS	S: 🗆	Glued Clamped	i ∏ Welde	d 🗌 Threaded		
										in. to				
Casing height at						lbs./f	t.	Wall thicl	kness	or gauge No				
TYPE OF SCREEN OR PERFORATION MATERIAL:														
Steel Steel Fiberglass PVC Other (Specify)   Brass Galvanized Steel Concrete tile None used (open hole)														
SCREEN OR PERFORATION OPENINGS ARE:														
Continuou	us Slot	I Mill Slot		auze Wrapped		rch Cut	Dril	led Holes		Other (Specify)				
		Key Punch		••				e (Open H						
										ft., From				
										ft., From				
										ft. to				
Nearest source								,						
Septic Tan			Lateral Line					vestock Pe			cide Storage			
Sewer Line			Cess Pool		wage La			el Storage rtilizer Sto			oned Water ll/Gas Well			
U Watertight			Seepage Pit				_ ге	runzer Su	Jrage		II/Gas well			
										ft.				
10 FROM	ТО		ITHOLOG			FROM		ТО		HO. LOG (cont.) or		G INTERVALS		
						-								
						1	+							
N								Notes:						
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) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No														
under the business name of														
	Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> 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 Department Visit us at http:/				vater, Geology Se	ection, 10	UU SW Jacks	on St.,	, Suite 420,	, 10pe	жа, <b>к</b> апsas 66612-136		e 785-296-3565. SA 82a-1212		