KOLAR Document ID: 1456676

	WELL R			WWC-5				on of Wat					
		Correction		e in Well Use		1		rces App. 1			Well ID		
			Fraction	1/		ectio	on Numbe	on Number Township Num T S			nge Number		
County: 1/4 1/4 1/4 2 WELL OWNER: Last Name: First: S							01100	$\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:						unection no	in nec	arest town o	1 mie	isection). If at owner	s address,		
Address:													
City:		1	State:	ZIP:				1					
3 LOCAT		ft.	5 Latit	ude:			(decimal degrees)						
WITH "X" IN SECTION BOX: 4 DEI TH OF COMI LETED WELL Depth(s) Groundwater Encountered: 1)													
	N 2) ft. 3) ft., or 4) \Box												
		WELL'S STATIC WATER LEVEL: below land surface, measured on (mo-day-yr)								Latitude/Longitude			
			-yr)										
NW	NE	Pump test da						10)					
w	Е	after		Online Mapper:									
SW	$\left X_{\text{SE}} \right ^{1}$	Well water was ft.											
		after hours pumping gpm Estimated Yield:gpm					6 Elevation:ft. Ground Level TOC						
	S		ft and										
1 n	-	Bore Hole Diameter: in. to					$\square \text{ Other } \dots$						
7 WELL WATER TO BE USED AS:													
1. Domestic:				ter Supply: well IE		10. 🗆 Oil Field Water Supply: lease							
☐ Housel			6. Dewatering: how many wells?							st Hole: well ID			
								d 🗌 Uncased 🗌 Geotechnical					
Livesto				g: well IDal Remediation: we						al: how many bores			
2. ☐ Irrigati 3. ☐ Feedlo			Air Sparge				•			l Loop 🔲 Horizont			
4. Industr					b) Open Loop □ Surface Discharge □ Inj. of Water 13. □ Other (specify):								
4. Industrial Recovery Injection 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													
				C 🗌 Other		CAS	SINC	JOINTS	S: Г	Glued Clamped	i 🗌 Welde	d 🗌 Threaded	
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter													
Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No													
TYPE OF SCREEN OR PERFORATION MATERIAL:													
□ Steel □ Stainless Steel □ PVC □ Other (Specify)													
Brass Galvanized Steel None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: Image: Comparison of the sector of													
	nuous Slot	Mill Slot			1 Та	orch Cut	Dril	lled Holes	П	Other (Specify)			
		☐ Key Punch						ne (Open H					
										ft., From	ft. to	ft.	
										ft., From			
			N	ft., From		ft. to		ft., From	••••	ft. to	ft.		
Septic		e contaminati	ateral Line	potential source of s				n 200 ft. ivestock Pe	one		cide Storage	`	
			Cess Pool	\square Sewage				uel Storage			oned Water		
	ight Sewer Lin		Seepage Pit					ertilizer Sto			ll/Gas Well		
□ Other (Specify)													
					m w					ft.		<u>a namen 144 a</u>	
10 FROM	TO	L	ITHOLO	GIC LOG		FROM	_	ТО	LII	THO. LOG (cont.) or	PLUGGIN	GINTERVALS	
						+							
						Notes:							
under mv i	11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, a 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													
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	JUG DIT JUCKS	on ot	., Suite 720,	, 1 0pt			SA 82a-1212	