KOLAR Document ID: 1469890

	WELL R	ECORD Correction		WWC-5 e in Well Use			ivision of Wa sources App.] Well ID		
				Fraction			ection Numb		Township Numb		nge Number	
County:			1/4 1/4	1/4		1				□ E □ W		
·						Street or F	treet or Rural Address where well is located (if unknown, distance and					
	Business: di						irection from nearest town or intersection): If at owner's address, check here:					
Address: Address:												
	City: State: ZIP:											
3 LOCAT	E WELL						_					
	'H "X" IN 4 DEPTH OF COMPLETED WE							5 Latitude:(decimal degrees)				
SECTIO	TION BOX: Depth(s) Groundwater Encountered: 1)											
N	2) ft. 3) ft., or 4) \(\subseteq WELL'S STATIC WATER LEVEL:] WGS 84 □ NAI		NAD 27	
			below land surface, measured on (mo-day-yr						<u>r Latitude/Longitude</u> (unit make/model:		,	
NW	NF	above land surface, measured on (mo-day-yr							(WAAS enabled?			
'''	1	Pump test data: Well water was ft.				t.		☐ Land Survey ☐ Topographic Map			,	
w	E	after hours pumpinggp						☐ Online Mapper:				
SVX	SE	Well water was ft.										
~ ~	ī	after hours pumping gp Estimated Yield:gpm				gpm	6 Elev	6 Elevation:ft. ☐ Ground Level ☐ TOC			d Level TOC	
	S	Bore Hole Diameter: in. to				ft and		Source: Land Survey GPS Topog				
1 n	~	Bore Hore I	in. to				- tante					
7 WELL V	WATER TO	BE USED A					I				-	
1. Domestic: 5. Public Water Supply: well ID												
☐ Housel	☐ Household 6. ☐ Dewatering: how many wells?						11. Test Hole: well ID					
				charge: well ID				☐ Cased ☐ Uncased ☐ Geotechnical				
	☐ Livestock 8. ☐ Monitoring: well ID											
2. Irrigati								a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water				
3. ☐ Feedlot ☐ Air Sparge 4. ☐ Industrial ☐ Recovery				☐ Soil Vapor Extraction☐ Injection								
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:												
8 TYPE OF CASING USED: □ Steel □ PVC □ Other												
Casing diameter												
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:												
_		☐ Mill Slot ☐ Key Puncl		auze Wrapped			Drilled Hole: None (Open		Other (Specify)	• • • • • • • • • • • • • • • • • • • •	•••••	
_									ft., From	ft t	o ft	
									ft., From			
9 GROUT	MATERIA	L: Neat of	rement	Cement grout	ПВе	entonite	Other				<u> </u>	
									ft. to			
	rce of possible	e contaminati	on: No	potential source	of con	tamination v	vithin 200 ft.					
☐ Septic '			Lateral Line				Livestock I			cide Storag		
☐ Sewer l			Cess Pool				Fuel Storag			oned Water		
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Other (Specify)												
Direction from well? ft.												
10 FROM	ТО		ITHOLOG		TOIL W	FROM	ТО		ΓΗΟ. LOG (cont.) or		NG INTERVALS	
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								L				
					-							
								1				
						Notes:						
11 CONTRACTORIS OR LANDOWNIERIS CERTIFICATION. This was all to the state of the sta												
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 Wa	Kansas Water Well Contractor's License No											
under the b	usiness name	of	<u></u>		<u></u>	<u></u>	······	<u></u>		<u></u>		
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	cuon, 10	JUU SW Jacks	on St., Suite 420	o, Top	eka, Kansas 66612-136		ne 785-296-3565. ISA 82a-1212	
vion us at II	Lep.// w w w.Kuilel	water wet	II III CA.IIIIII							17	5.1 02u 1212	