KOLAR Document ID: 1420900

	WELL R			WWC-5 e in Well U	SO			ion of Wate	- 1		   Well ID		
				Fraction	se			rces App. N		Township Numb			
1 LOCATION OF WATER WELL: County:				1/4 1/4 1/4 1/4			Section Number Township Nu			•	٥		
					/4 /4		Duro	1 Addross	who	where well is located (if unknown, distance and			
							lirection from nearest town or intersection): If at owner's address, check here:						
Address:	Address:							arest town of	i iiitci	iscetion). If at owner	. s address	, check here.	
Address:													
City:		1	State:	ZIP:				1					
	3 LOCATE WELL 4 DEPTH OF COMPLETED WELL						ft. 5 Latitude:(decimal degrees)						
WITH "					ncountered: 1) ft.				Longitude:				
	ON BOX: 2)									WGS 84 □ NAI			
N	WELL'S STATIC WATER LE									Latitude/Longitude		11110 21	
			below land surface, measured on (mo-day-y				GPS (unit make/model:			)			
NW	NE	above la		····· (WAAS enabled? ☐ Yes ☐ No)			No)						
			imp test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
w X	w X   E   after			hours pumping gp.						e Mapper:			
SW SE after			Well water was ft.										
			r hours pumpinggpd Yield:gpm				6 Elevation:ft. ☐ Ground Le			nd Level □ TOC			
				gpm : in. to ft.							Land Survey ☐ GPS ☐ Topographic Map		
				in. to ft.				Other					
		BE USED A											
1. Domestic:				ter Supply:	well ID			10. □ 0	il Fie	eld Water Supply: 16	ease		
	<ol> <li>Domestic:</li> <li>☐ Public Water Supply: well ID</li> <li>☐ Household</li> <li>☐ Dewatering: how many wells?</li> </ol>									: well ID			
				echarge: well ID						☐ Uncased ☐ 0			
☐ Livesto					g: well ID				herm	al: how many bores	;?		
	2.  ☐ Irrigation  9. Environmental Remediation: we												
	3. ☐ Feedlot ☐ Air Sparge				-				b) Open Loop  Surface Discharge Inj. of Water				
4. ☐ Industrial ☐ Recovery ☐ Injection 13. ☐ Other (specify):													
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:													
		☐ Yes ☐											
										Glued   Clamped			
										in. to			
	Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No												
		PERFORAT								7 (0)			
☐ Steel		less Steel	Fiber	_	□ PVC		L = 1 = \	∐ Otl	her (S	Specify)	• • • • • • • • • • • • • • • • • • • •	•••••	
Brass		anized Steel ATION OPE			☐ None t	ised (open l	noie)						
☐ Contin		Mill Slot		кс. auze Wrapp	ad DTa	orch Cut - F	ائرا ⊏ ا	llad Holas		Other (Specify)			
		☐ Key Punch						ne (Open F		Other (Specify)			
										ft., From	ft t	o ft	
										ft., From			
										ft. to		•••••	
		contaminati		, 1 10111		10.00 111111		,					
☐ Septic 7			Lateral Line	s $\square$	Pit Privy		☐ Li	ivestock Pe	ens	☐ Insection	cide Storag	ge	
☐ Sewer I			Cess Pool		Sewage La			uel Storage		☐ Abando	oned Water	r Well	
	ght Sewer Lin		Seepage Pit		Feedyard		□ Fe	ertilizer Sto	orage	☐ Oil We	ll/Gas Wel	1	
☐ Other (Specify)													
					ince from w							NG DVEEDVALG	
10 FROM	TO	L	ITHOLOG	JIC LOG		FROM	I	TO	LH	HO. LOG (cont.) or	PLUGGI	NG INTERVALS	
							-						
							_						
+							+						
							$\dashv$						
						Notes:	ll						
						1,000							
11 CONTI	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 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 <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.												
_		s.gov/waterwel			,,, 10			, =20,	P	.,		SA 82a-1212	