## KOLAR Document ID: 1581700

	WELL R			WWC-5				ion of Wat								
		Correction		e in Well Use				rces App. I on Numbe			Well ID					
1 LOCATION OF WATER WELL:			Fraction	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$				er	Township Numb		nge Number					
j.							)	T S R B W ral Address where well is located (if unknown, distance and								
								rection from nearest town or intersection): If at owner's address, check here:								
Address:										whom nom nearest town of intersection). If at owner 3 address, eneck here.						
Address:																
City:		T	State:	ZIP:				1								
3 LOCAT		ft.	5 Latit	ude:			(decimal degrees)									
WITH "X" IN SECTION BOX:																
	N 2) ft. 3) ft., of							Datum: WGS 84 NAD 83 NAD 27								
X		WELL'S ST					Latitude/Longitude									
		below la														
NW	NE	Pump test da		······ (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map			<b>√</b> 0)									
w	Е	after														
			ft.													
SW	SE	after	. gpm	6 Elevation:ft.  Ground Level  TOC												
		Estimated Y	6 1													
1 r	S nile	Bore Hole Diameter: in. to in. to					d <u>Source</u> . D Land Survey D Or S D Topographic N									
		BE USED A		III. to		II.										
7 WELL WATER TO BE USED AS:         1. Domestic:       5. <ul> <li>Public Water Supply: well ID</li> <li>10.              <li>Oil Field Water Supply: lease</li> </li></ul>																
☐ Housel			6. Dewatering: how many wells?				11. Test Ho			ble: well ID						
			7. Aquifer Recharge: well ID							I Uncased Geotechnical						
Livesto				g: well ID			12. Geothermal: how many bores?									
2. 🗌 Irrigati				al Remediation: we						l Loop 🔲 Horizont						
3.				-				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:																
				C D Other		CA	SING		· _	] Glued 🔲 Clamped	U Walda	d 🗖 Threadad				
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								66						
□ Steel	🗌 Stair	less Steel		🗆 PV	С			🗌 Otl	her (S	Specify)						
□ 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	withi	in 200 ft.								
Septic '			Lateral Line					ivestock Pe			cide Storage					
Sewer ]			Cess Pool					uel Storage			oned Water					
	ight Sewer Lin		eepage Pit	☐ Feedya				ertilizer Sto	orage		ll/Gas Well					
										ft.						
10 FROM	TO		ITHOLO			FROM		TO		THO. LOG (cont.) or		GINTERVALS				
	-							-								
					_											
Notes:																
						_										
11 CONT	11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged															
under mv i	under my jurisdiction and was completed on (mo-day-year)															
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	SSO D IT JUCK	511 01	, 5410 +20,	, <b>1</b> 0pt	, italious 00012-150		SA 82a-1212				