KOLAR Document ID: 1488842

	WELL R			WWC-5 e in Well Use			vision of Wate sources App. N			 Well II	,	
Original Record Correction Chang 1 LOCATION OF WATER WELL:			Fraction			ction Number		Township Numb		ange Number		
County:				1/4 1/4	1/4			-	T S	R	□ E □ W	
2 WELL OWNER: Last Name: First:							Street or Rural Address where well is located (if unknown, distance and					
Business: Address:	Business:						direction from nearest town or intersection): If at owner's address, check here:					
Address:												
City:			State:	ZIP:								
3 LOCATE				IPLETED WEI	Ι.	+	t 5 Latit	ahı			(dagimal dagrags)	
	WITH "A" IN Donth(a) Groundwate			Encountered: 1)				5 Latitude:(decimal degrees) Longitude:(decimal degrees)				
SECTION N	ECTION BOX: 1 2) H 2			3) ft., or 4) ☐ Dry Well			Datum: WGS 84 NAD 83 NAD 27					
		WELL'S STATIC WATER LEVEL:					Source	Source for Latitude/Longitude:				
	1	□ below land surface, measured on (mo-day-yr above land surface, measured on (mo-day-yr							unit make/model:			
NW	NE	Pump test data: Well water was ft.							WAAS enabled?			
w H	E	after hours pumpinggr						☐ Land Survey ☐ Topographic Map ☐ Online Mapper:				
'	1	Well water was ft.				t.		_ 11				
SW -X	SE	after hours pumping gp				gpm	6 Eleva	6 Elevation:ft. ☐ Ground Level ☐ TOC				
S		Estimated Yield:gpm Bore Hole Diameter:in. to				ft and		Source: Land Survey GPS Topographic N				
1 m		in. to					Other					
7 WELL V	VATER TO	BE USED A	AS:				1				-	
1. Domestic:			ter Supply: well II			il Fie	eld Water Supply: 16	ease				
				g: how many well					: well ID			
				echarge: well ID g: well ID					Uncased U			
			al Remediation: we			12. Geothermal: how many bores?						
3. ☐ Feedlot ☐ Air Spar						b) O	b) Open Loop Surface Discharge Inj. of Water			☐ Inj. of Water		
4. 🗌 Industri	al	Recovery	☐ Injectio	n		13. 🗆 Ot	her	(specify):				
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:												
Water well disinfected? Yes No												
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other												
Casing diameter in. to ft., Diameter in. to ft.												
Casing height above land surface												
☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify)												
☐ Brass		anized Steel			one u	ised (open ho			1 37			
SCREEN O					_							
Continu		☐ Mill Slot							Other (Specify)		,	
		☐ Key Puncl					None (Open H		ft., From	ft	to ft	
GRAVEL PACK INTERVALS: From												
Grout Intervals: From												
				potential source of						~		
☐ Septic T ☐ Sewer L			Lateral Line Cess Pool] Livestock Pe] Fuel Storage		☐ Insection ☐ Abando			
							Fuel Storage] Fertilizer Sto					
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Other (Specify)												
Direction from well? Distance from well												
10 FROM	TO	I	ITHOLOG	GIC LOG		FROM	TO	LIT	THO. LOG (cont.) or	PLUGG	ING INTERVALS	
						+						
						1						
						Notes:						
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged												
under my in	risdiction an	d was compl	eted on (m	o-dav-vear)	IUI	• illis wal	this record	is tri	ue to the best of m	y knowl	a, or prugged edge and belief	
under my jurisdiction and was completed on (mo-day-year)												
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.												
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.												
	tp://www.kdhek			, Seedings Seeding	, 10		, Suite 720,	- op	,		KSA 82a-1212	

