KOLAR Document ID: 1456895

	WELL R			WWC-5 e in Well Use				on of Wate			 Well ID			
Original Record Correction Chang 1 LOCATION OF WATER WELL:			Fraction			Resources App. No. Section Number								
County:				1/4 1/4	secuc	T S			ber Range Number R □ E □ W					
	First:	1/2	*	14 T S R Street or Rural Address where well is located (if unknown, di										
							lirection from nearest town or intersection): If at owner's address, check here:							
Address:	Address:							and the state of t						
Address:														
City:		•	State:	ZIP:										
	3 LOCATE WELL 4 DEPTH OF COMPLETED W						: ft. 5 Latitude :(decir					(decimal degrees)		
	WITH "A" IN Depth(s) Groundwater I						. 10.	Longitude:						
	PION BOX: 2) ft. 3)								Datum: WGS 84 NAD 83 NAD 27					
	WELL'S STATIC WATER LEVEL:									Latitude/Longitude		11/11/27		
			and surface	e, measured on (mo-day-yr)						unit make/model:)		
NW,	- NE		above land surface, measured on (mo-day-yr				····· (WAAS enabled? \(\square\) Yes			Yes □	No)			
			ump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map							
W E after			er hours pumping gr Well water was ft.						Online	e Mapper:	• • • • • • • • • • • • • • • • • • • •			
L CW L CE L L														
				hours pumping gpm d:gpm				6 Elevation:ft. ☐ Ground Le			nd Level 🔲 TOC			
				in. to ft. and				Source: Land Survey GPS Topographic Map						
					in. to ft.					Other				
7 WELL WATER TO BE USED AS:														
1. Domestic:				ter Supply: wel	ll ID			10. □ O	il Fie	eld Water Supply: 16	ease			
☐ Household 6. ☐ Dewatering: how many wells?														
				echarge: well ID				☐ Ca	ased	☐ Uncased ☐ 0	Geotechnic	cal		
☐ Livesto		8.	Monitorin	g: well ID	g: well ID					al: how many bores				
	2. 🗌 Irrigation 9. Environmental Remediation: well II									Loop Horizont				
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:														
				C 🗆 0/1		CA	CINIC	LOINT	٠. 🗀		1 🗆 337 1			
										Glued Clamped				
Casing diameter														
	SCREEN OR					103./1	١.	vv an unci	KIICSS	of gauge 140	· • • • • • • • • • • • • • • • • • • •	•		
☐ Steel		less Steel	☐ Fiber		PVC			□ Otl	her (S	Specify)				
Brass														
SCREEN OR PERFORATION OPENINGS ARE:														
☐ Contir	nuous Slot	☐ Mill Slot	☐ Ga	auze Wrapped	□ To	orch Cut	Dril	led Holes		Other (Specify)				
☐ Louve	red Shutter	☐ Key Punch	ned 🔲 W	ire Wrapped	☐ Sa	ıw Cut] Non	ne (Open H	Iole)					
SCREEN-F	PERFORATE	ED INTERVA	ALS: From	n ft. to		ft., Froi	n	ft. to	o	ft., From	ft. 1	io ft.		
G:	RAVEL PAC	CK INTERVA	ALS: Fron	n ft. to		ft., Fron	n	ft. t	o	ft., From	ft. 1	to ft.		
				ft., From		ft. to		. ft., From		ft. to	ft.			
	rce of possible			potential source										
☐ Septic			Lateral Line					vestock Pe		☐ Insection				
Sewer 1			Cess Pool					el Storage		Abando				
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well ☐ Other (Specify)														
										ft.				
10 FROM	ТО		ITHOLOG			FROM		TO		HO. LOG (cont.) or		NG INTERVALS		
	-					1		-		(
	Notes:													
						_]								
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)														
under my ji	urisdiction ar	d was compl	eted on (m	no-day-year)	11.1. XXY	aı	nd thi	is record	ıs tru	ie to the best of m	y knowle	dge and belief.		
Kansas Water Well Contractor's License No														
under the business name of														
KS Departm	nent of Health a	nd Environment	Bureau of V	Vater, Geology Se	ection, 10	000 SW Jacks	son St.	, Suite 420,	Торе	eka, Kansas 66612-136	7. Telepho	one 785-296-3565.		
_	ttp://www.kdhe											KSA 82a-1212		