KOLAR Document ID: 1483268

	WELL R	ECORD Correction		WWC-5 e in Well Use			ivision of Wat sources App. 1			   Well ID		
				Fraction			ection Numb		Township Numb		ange Number	
County:			1/4 1/4	1/4					R	□ E □ W		
						Street or R	treet or Rural Address where well is located (if unknown, distance and					
						direction from	irection from nearest town or intersection): If at owner's address, check here:					
Address: Address:												
City: State: ZIP:												
	3 LOCATE WELL						_					
	TH "X" IN 4 DEPTH OF COMPLETED WELL:											
SECTIO	Depth(s) Groundwater Encountered: 1)						201810000)					
N	2) ft. 3) ft., or 4) \( \sqrt{\text{WELL'S STATIC WATER LEVEL:}}								WGS 84 □ NAI		NAD 27	
		below land surface, measured on (mo-day-yr							Latitude/Longitude		,	
NW	NF	above land surface, measured on (mo-day-yr						☐ GPS (unit make/model:				
	i l	Pump test data: Well water was ft.				t.		☐ Land Survey ☐ Topographic Map				
w J	E	after hours pumpinggr						☐ Online Mapper:				
SW	SE	Well water was ft.										
	īl	after hours pumping gp Estimated Yield:gpm				gpm	6 Eleva	<b>6 Elevation</b> :ft. ☐ Ground Level ☐ TOC			nd Level ☐ TOC	
	S	Bore Hole Diameter: in. to				ft and	Source:					
1 n		Bore Hore I	in. to				D 045					
7 WELL V	VATER TO	BE USED A									-	
1. Domestic: 5. Public Water Supply: well ID												
_	☐ Household 6. ☐ Dewatering: how many wells?											
=					well ID				☐ Uncased ☐ (			
_	Livestock 8. Monitoring: well ID								nal: how many bores			
2. ☐ Irrigation 3. ☐ Feedloom	9. Environmental Remediation: well ID							a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water				
3. ☐ Feedlot ☐ Air Sparge 4. ☐ Industrial ☐ Recovery					<ul><li>☐ Soil Vapor Extraction</li><li>☐ Injection</li></ul>			13. Other (specify):				
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 Holes None (Open I		Other (Specify)	• • • • • • • • • • • • • • • • • • • •		
_					_				ft., From	ft t	ro ft	
									ft., From			
9 GROUT	MATERIA	L: Neat of	cement	Cement grout	ПВе	entonite	Other				<u> </u>	
									ft. to			
	rce of possible	contaminati	ion: No	potential source	e of con	tamination v	vithin 200 ft.					
☐ Septic 7			Lateral Line				Livestock P		☐ Insection			
☐ Sewer I			Cess Pool				Fuel Storage		Abando			
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well												
☐ Other (Specify)												
10 FROM	ТО		ITHOLOG		110111 11	FROM	ТО		THO. LOG (cont.) or		NG INTERVALS	
									(1.2.17)			
										-		
						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 Wat	Kansas Water Well Contractor's License No											
under the b	usiness name	of	<u></u>	<u></u>	<u></u>	·····	······	r·\	······································		<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 http://www.kdhek			vater, Geology Se	ction, 10	JUU SW Jacks	on St., Suite 420	, rope	eka, Kansas 66612-136		ne 785-296-3565. KSA 82a-1212	
vion us at II	LP.// w w w.Kuiich	water well	IIIIIII AAMIIIII							13	02u 1212	