KOLAR Document ID: 1597144

WATER V				WWC-5			on of Wate					
Original R		Correction	-	e in Well Use			ces App. N			Well ID		
1 LOCATION OF WATER WELL: Fraction County: 1/4 1/4 1/4						Sectio	ction NumberTownship NumberRange NumberTSR \Box EW					
county.						$\begin{array}{c c c c c c c c c c c c c c c c c c c $						
2 WELL O Business:		rection from nearest town or intersection): If at owner's address, check here:										
Address:				om nea	rest town of	muer	isection). If at owner	s address,				
Address:												
City:		I	State:	ZIP:		r						
3 LOCATE		4 DEPTH	OF CON	IPLETED WELL:		ft. 5 Latitude :(decimal degrees)						
WITH "X" IN SECTION BOX: Depth(s) Groundwater Encountered: 1)												
	N 2) ft. 3) ft., or 4)								WGS 84 INAI		NAD 27	
			ELL'S STATIC WATER LEVEL:				Source for Latitude/Longitude:					
		 below land surface, measured on (mo-day-yr) above land surface, measured on (mo-day-yr) 										
NW	- NE	Pump test data: Well water was ft.				······· (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map					No)	
w T	Е	after hours pumping				Online Mapper:						
				Well water was ft.								
SW				hours pumping gpm			6 Elevation: ft Cround Lavel TOC					
		Estimated Yield:gpm				6 Elevation:						
S	Bore Hole I	Bore Hole Diameter: in. to ft										
		DE LISED /			II.							
7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID 10. Oil Field Water Supply: lease 												
□ Household												
□ Lawn & Garden 7. □ Aquifer Recharge: well ID							\Box Cased \Box Uncased \Box Geotechnical					
	Livestock 8. Monitoring: well ID											
2. Irrigation 9. Environmental Remediation: well ID .												
	3. EFeedlot Air Sparge Soil Vapor Ex						b) Open Loop \Box Surface Discharge \Box 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:												
Water well disinfected? Yes No												
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter												
Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No												
TYPE OF SCREEN OR PERFORATION MATERIAL:												
$\Box \text{ Steel} \qquad \Box \text{ Stainless Steel} \qquad \Box \text{ PVC} \qquad \Box \text{ Other (Specify)} \dots$												
□ Brass □ Galvanized Steel □ None used (open hole)												
SCREEN OR PERFORATION OPENINGS ARE:												
Continue		☐ Mill Slot							Other (Specify)			
		Key Puncl					ie (Open H			<u> </u>	£.	
				n ft. to n ft. to								
				Cement grout \square B								
				ft., From								
Nearest source				potential source of con								
Septic Tar	nk		Lateral Line	es 🗌 Pit Privy			vestock Pe	ens	Insection			
Sewer Lin			Cess Pool	🗌 Sewage La			el Storage		Abando			
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well												
☐ Other (Specify) Direction from well? ft.												
10 FROM	TO		ITHOLOG		FROM				HO. LOG (cont.) or		IG INTERVALS	
	-	-					-			2.501		
	Notes:											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged												
under my jurisdiction and was completed on (mo-day-year)												
Kansas Water	r Well Con	tractor's Lice	ense No	This W	ater Well]	Record	d was cor	nple	ted on (mo-day-ye	ear)	-	
under the busi	iness name	of	· · · · · · · · · · · · · · · · · · ·		<u> </u>		· · · · · · · · · · · · · · · · · · ·					
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.												
-		<u>s.gov/waterwel</u>		, and, Geology Section, 1	JOU DIT JACK		, Suite 4 20,	rope			SA 82a-1212	