KOLAR Document ID: 1602572

	WELL R	ECORD Correction		WWC-5			ivision of Wat sources App.			 Well ID		
Original Record Correction Change in Well Use 1 LOCATION OF WATER WELL: Fraction						Section 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					
							irection from nearest town or intersection): If at owner's address, check here:					
Address:	Address: Address:											
City:			State:	ZIP:								
3 LOCAT	E WELL											
	TH "X" IN 4 DEPTH OF COMPLETED WELL								:			
SECTIO	CTION BOX: Depth(s) Groundwater Encountered: 1)					(
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:				
NW	X'E	Pump test data: Well water was ft.				t.	I	☐ Land Survey ☐ Topographic Map				
w	E	after hours pumpinggr							e Mapper:			
SW	SE	Well water was ft.										
~	ī	after hours pumping gp Estimated Yield:gpm				gpm	6 Elev	6 Elevation:ft. ☐ Ground Level ☐ TOO			nd Level ☐ TOC	
	S	Bore Hole Diameter: in. to				ft. and	Source:					
1 n			in. to									
7 WELL WATER TO BE USED AS:												
1. Domestic: 5. Public Water Supply: well ID												
_	☐ Household 6. ☐ Dewatering: how many wells?											
	Lawn & Garden 7. Aquifer Recharge:				ell ID			☐ Cased ☐ Uncased ☐ Geotechnical 12. Geothermal: how many bores?				
☐ Livesto 2. ☐ Irrigati				g: wen iD								
3. ☐ Feedlo] Air Sparge			Extraction		a) Closed Loop ☐ Horizontal ☐ Vertical 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:												
Water well disinfected? \square Yes \square No												
8 TYPE OF CASING USED: Steel PVC Other												
Casing diameter in. to												
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		auze Wrapped	Пта	orch Cut	Drilled Holes		Other (Specify)			
_		☐ Key Puncl			_		None (Open 1					
SCREEN-F	ERFORATE	D INTERV	ALS: From	1 ft. to		ft., Fron	ft. 1	to	ft., From	ft. t	o ft.	
G)	RAVEL PAC	K INTERV	ALS: Fron	n ft. to		ft., Fron	ı ft.	to	ft., From	ft. t	.o ft.	
								ı	ft. to	ft.		
Nearest sou	rce of possible		on: No Lateral Line	potential source s			vithin 200 ft. Livestock P	one	☐ Insection	oida Starac	70	
Sewer 1			Cess Pool				☐ Fuel Storage		☐ Abando			
	ght Sewer Lin			☐ Feed			Fertilizer St					
Other (Specify)												
Direction from well? ft.												
10 FROM	TO	I	ITHOLOG	GIC LOG		FROM	TO	LIT	THO. LOG (cont.) or	PLUGGI	NG INTERVALS	
							1					
							+					
						Notes:						
11 CONTRACTORS OR LANDOWNERS CERTIFICATION. This makes a substitute of the substitut												
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 Wa	Kansas Water Well Contractor's License No											
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 ttp://www.kdhek			vater, Geology Sec	иоп, 10	JOU S W Jackso	ль э, Suite 420	, тор	ска, канѕаѕ 00012-136		ne 785-296-3565. KSA 82a-1212	
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