KOLAR Document ID: 1501292

□ roignal Record □ Correction □ change in Well Use Resources App. No. Well U ■ LOCA TONO FWATER WELL: Fraction Section Number Township Number R mage Number WELL OWNER: Last Name Fract Since or Runal Address where well is hocated (if unknown, durance and direction from nearest town or intersection): If at owned's address, check here:	WATER WELL R	ECORD Correction		WWC-5 ge in Well Use		vision of Wat			Well ID		
Comp: 14 44 T S R </td <td></td> <td></td> <td></td> <td></td> <td colspan="3"></td> <td colspan="2"></td>											
2 WELL OWNER: Last Name: First: Struct or Runal Address where well is located of unknowe, disease and direction from neases town intersection): If at owner's address, check here: Address: Address: Struct or Runal Address where well is located of unknowe, disease and direction from neases town intersection): If at owner's address, check here: With X*IN Struct NN Run Dept(s) Groundwate Encounteed: 1) n. ft. Struct NN Run Dept(s) Groundwate Encounteed: 1) n. ft. With XS Status Dept(s) Groundwate Encounteed: 1) n. ft. With XS Status Dept(s) Groundwate Rescureed: 1) n. ft. With XS Status Debt(s) Groundwate Rescureed: 1) n. ft. With Status Status Methow has straffice. ft. Weil Water Visit measured on (mc-day-yr). n. ft. Geness tout matkenodel: ft. Status Status Status ft. Geness tout matkenodel: ft. Status Status Status ft. Geness tout matkenodel: ft. Status Status Status ft. Geness tout matkenodel: ft. Status Status <td></td> <td></td> <td></td> <td colspan="5">1 0</td>				1 0							
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N 121		Depth(s) Groundwater Encountered: 1) ft. Longitude:									
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7 WELL WATER TO BE USED AS: 10 0	~	Bore Hole I				Sourc					
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4. Industrial Recovery Injection 13. Other (specify):											
Water well disinfected? Yes No 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter in. to ft, Diameter in. to ft, Diameter in. to ft, Diameter in. to ft, Diameter in. to ft, Diameter in. to ft, Diameter in. to ft, Diameter ft, Diameter <t< td=""><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>				-							
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under my jurisdiction and was completed on (mo-day-year) and this record is true to the best of my knowledge and belief. 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.										
Send one copy to wATER well O where and retain one for your records. Fee of \$5.00 for each constructed well.											