KOLAR Document ID: 1386184

	WELL R			WWC-5				on of Wate					
		Correction		ge in Well Us	se			ces App. N			Well ID		
1 LOCATION OF WATER WELL: Fraction						Section	ion Number Township Number Range Number						
County: 1/4 1/4 1/4 2 WELL OWNER: Last Name: First: S							<u> </u>						
2 WELL Business:		treet or Rural Address where well is located (if unknown, distance and rection from nearest town or intersection): If at owner's address, check here:											
Address:		direction fr	om nea	trest town or	r inter	rsection): If at owner	r's address	cneck nere:					
Address:													
City:			State:	ZIP:									
3 LOCAT		ft	5 Latiti	nde.			(decimal degrees)						
WITH "X" IN SECTION BOX:													
	N 2) ft. 3) ft., or 4) \Box						Well Datum: WGS 84 NAD 83 NAD 27						
	WELL'S STATIC WATER LEVEL:							Source for Latitude/Longitude:					
	I	below land surface, measured on (mo-day-yr)						□G		unit make/model:			
NW	NE	D above land surface, measured on (mo-day-yr) Pump test data: Well water was ft.										No)	
w	E	after hours pumping						□ Land Survey □ Topographic Map □ Online Mapper:					
		Well water was ft.											
X - SW	SE	after hours pumping gpm											
		Estimated Yield:gpm						6 Elevation:ft. □ Ground Level □ To Source: □ Land Survey □ GPS □ Topographic M					
1 n	S aila	Bore Hole I	Bore Hole Diameter: in. to in. to										
		DE LISED		III. l	0	II.							
7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID 10. Oil Field Water Supply: lease 													
	□ Household 6. □ Dewatering: how many wells?												
Lawn & Garden 7.			7. Aquifer Recharge: well ID										
	Livestock 8. Monitoring: well ID									al: how many bores			
	2. Irrigation 9. Environmental Remediation: well ID .						•••						
3. Feedlot Soil Vapor E Soil Vapor E						Extraction		b) Open Loop 🗌 Surface Discharge 🔲 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:													
						CA	SINC	LONTO		Glued Clamped	I 🗖 W-14	- 1 🗖 Thursdad	
Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No													
TYPE OF SCREEN OR PERFORATION MATERIAL:													
□ Steel		less Steel	🗌 Fiber		DPVC			🗌 Oth	ner (S	Specify)			
Brass Galvanized Steel Concrete tile None used (open hole)													
SCREEN OR PERFORATION OPENINGS ARE:													
	nuous Slot	☐ Mill Slot		auze Wrappe		rch Cut				Other (Specify)			
	red Shutter	Key Puncl						ne (Open H		ft From	ft t	o ft	
SCREEN-PERFORATED INTERVALS: From													
										ft. to			
		e contaminati		,				,					
			Lateral Line		Pit Privy			vestock Pe					
Sewer I			Cess Pool		Sewage La			el Storage					
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify)													
Direction from well? ft.													
10 FROM	TO		ITHOLO			FROM				HO. LOG (cont.) or		NG INTERVALS	
						Notes:							
										onstructed, 🗌 reco			
under my ju	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 This Water Well Record was completed on (mo-day-year) under the business name of													
Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> well.													
-	nent of Health a	nd Environment	, Bureau of V							ka, Kansas 66612-136	7. Telepho		
Visit us at h	ttp://www.kdhe	ks.gov/waterwel	l/index.html								K	SA 82a-1212	