KOLAR Document ID: 1635760

	WELL R			WWC-5				on of Wat					
		Correction		e in Well Use				rces App. 1	1		Well ID		
1 LOCATION OF WATER WELL: County:			Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$			Section Number			Township Numb T S	er Ran	$\Box E \Box W$		
						-	teet or Rural Address where well is located (if unknown, distance and						
Business:		rection from nearest town or intersection): If at owner's address, check here:											
Address:								,	····,				
Address: City:			State:	ZIP:									
3 LOCATE WELL													
WITH "X" IN 4 DEPTH OF COMPLETED WELL:							ft.					-	
	SECTION BOX: Depth(s) Groundwater Encountered: 1)												
١	2) ft. 3) ft., or 4) WELL'S STATIC WATER LEVEL:											AD 27	
		below land surface, measured on (mo-day-yr).						·· GPS (unit make/model:)					
NW	NE		-yr)				WAAS enabled?						
		Pump test da		□ Land Survey □ Topographic Map									
W X	E	after			Online Mapper:								
SW	SE	Well water was ft. after hours pumping gpm											
		Estimated Y		6 Elevation:ft. Ground Level									
	S	Bore Hole D		nd Source: Land Survey GPS Topographic Ma									
1 r		DE LISED A		in. to		п.							
7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID 10. Oil Field Water Supply: lease 													
				g: how many wells						: well ID			
Lawn & Garden 7. Aquifer				echarge: well ID		. Cased 🗌 Uncased 🗌 Geo			Uncased 🗌	Geotechnica	1		
	Livestock 8. Monitoring: well ID							12. Geothermal: how many bores?					
2. ☐ Irrigati 3. ☐ Feedlo				al Remediation: we			•			l Loop 🔲 Horizont			
						Extraction	traction b) Open Loop □ Surface Disc 13. □ Other (specify):						
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													
				C 🗌 Other		CAS	INC	JOINTS	S: Г	Glued Clamped	I 🗌 Welde	d 🗌 Threaded	
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:													
Steel Steel PVC Other (Specify) Brass Galvanized Steel None used (open hole)													
SCREEN OR PERFORATION OPENINGS ARE:													
	nuous Slot	I Mill Slot] To	orch Cut 🔲	Dril	lled Holes		Other (Specify)			
		Key Punch		••				ne (Open H					
										ft., From			
										ft., From			
										ft. to		•••••	
		e contaminati		potential source of									
□ Septic			Lateral Line	s 🗌 Pit Priv	y	[Li	ivestock Pe			cide Storage		
Sewer 1			Cess Pool					iel Storage			oned Water		
	ight Sewer Lin (Specify)		eepage Pit	Feedya:				ertilizer Sto	orage		ll/Gas Well		
										ft.			
10 FROM	TO		ITHOLO			FROM		ТО		THO. LOG (cont.) or		G INTERVALS	
							+						
							+						
							+						
<u> </u>							+						
						Notes:							
11 CONT	RACTOR'S	OR LAND	WNER'S	S CERTIFICATI	10	N: This wa	ter v	well was		onstructed, \Box reco	nstructed,	or plugged	
Under my J	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 <u>constructed</u> 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.													
		nd Environment, ks.gov/waterwel			n, I(UUU SW Jackso	on St	., Suite 420,	Tope	eka, Kansas 66612-136		e 785-296-3565. SA 82a-1212	