KOLAR Document ID: 1473944

	WELL R			WWC-5			on of Wate						
		Correction		e in Well Use			rces App. N		T 1: N 1	Well ID			
1LOCATION OF WATER WELL:FractionCounty:1/41/4						Section	ction NumberTownship NumberRange NumberTSR \Box E \Box W						
county.						or Rural Address where well is located (if unknown, distance and							
2 WELL Business:		ast Name:		First:		rection from nearest town or intersection): If at owner's address, check here:							
Address:													
Address:													
City:			State:	ZIP:									
3 LOCAT		4 DEPTH	OF COM	IPLETED WELL:		ft. 5 Latitude: (decimal degrees)							
WITH "X" IN SECTION BOX: Depth(s) Groundwater Encountered: 1)						ft. Longitude:							
	N 2) ft. 3) ft., or 4) \Box						Well Datum: WGS 84 NAD 83 NAD 27						
	TER 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	-	after hours pumping				Online Mapper:							
				ell water was ft.									
			er hours pumping gpm				6 Elevation:ft. Ground Level TOC						
Estimate			imated Yield:gpm e Hole Diameter: in. to ft. a				Source: Land Survey GPS Topographic Map						
S Bore Hole Diamet							\square Other						
1 mile in. to ft. Unter 7 WELL WATER TO BE USED AS:													
1. Domestic: 5. Dublic Water Supply: well ID 10. Oil Field Water Supply: lease													
	☐ Household 6. ☐ Dewatering: how many wells?												
Lawn & Garden 7. Aquifer Recharge:				echarge: well ID	e: well ID				Cased Uncased Geotechnical				
	Livestock 8. Monitoring: well ID												
2. 🗌 Irrigati				al Remediation: well I									
	3. Effective Soil Vapor E Soil Vapor E Soil Vapor E						b) Open Loop □ Surface Discharge □ Inj. of Water 13. □ Other (specify):						
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:													
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded													
Casing diameter in. to ft., Diameter in. to ft., Diameter ft.													
Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No.													
TYPE OF SCREEN OR PERFORATION MATERIAL:													
□ Steel □ Stainless Steel □ PVC □ Other (Specify)													
Brass Galvanized Steel None used (open hole)													
SCREEN OR PERFORATION OPENINGS ARE:													
□ Continuous Slot □ Mill Slot □ Gauze Wrapped □ Torch Cut □ Drilled Holes □ Other (Specify) □ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)													
				n ft. to			· 1		ft From	ft to	o ft		
				n ft. to									
				Cement grout B									
				ft., From									
Nearest sou	rce of possibl	e contaminati	ion: No	potential source of con	ntamination	n withi	n 200 ft.						
			Lateral Line				ivestock Per						
			Cess Pool	Sewage L			uel Storage						
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify)													
	Direction from well?												
10 FROM	TO		LITHOLOG		FROM				HO. LOG (cont.) or		IG INTERVALS		
					_								
	├				NT - 4 -								
	Notes:												
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged													
under my ju	urisdiction ar	nd was compl	leted on (n	no-day-year)		and th	is record i	s tru	e to the best of my	y knowled	lge and belief.		
Kansas Wa	ter Well Cor	tractor's Lic	ense No	This W	ater Well	Recor	rd was con	nple	ted on (mo-day-ye	ear)	-		
under the b	usiness name	e of	OWATED W	ELL OWNED and retain	one for vo-	r react ⁻¹	E Eco of ¢E		or each constructed	 11	<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.													
-		ks.gov/waterwel		,				r.	,		SA 82a-1212		