KOLAR Document ID: 1600987

		ECORD		WWC-5		sion of Wate				
Original		Correction		e in Well Use		urces App. N		Well ID		
		ATER WEL	،L:	Fraction		tion Numbe	1		ge Number	
County				1/4 1/4 1/			T S	R	$\Box E \Box W$	
2 WELL OWNER: Last Name: First: Business:						Street or Rural Address where well is located (if unknown, distance and				
d Address:					direction from r	direction from nearest town or intersection): If at owner's address, check here:				
Address:										
City:			State:	ZIP:						
3 LOCATE	E WELL						_			
WITH "X" IN 4 DEPTH OF COMPLETED WELL:										
SECTIO	SECTION BOX: Depth(s) Groundwater Encountered: 1) 2) ft. 3) ft., or 4) \Box					Longitude:				
N	N 2) II. 3) II., of 4) WELL'S STATIC WATER LEVEL:						Datum: 🗌 WGS 84 🔲 NAD 83 🗌 NAD 27			
below la			below land surface, measured on (mo-day-yr) above land surface, measured on (mo-day-yr)			Source for Latitude/Longitude:		`		
							□ GPS (unit make/model:) (WAAS enabled? □ Yes □ No)			
Pump test data: Well						\Box Land Survey \Box Topographic Map				
			pumping			Online Mapper:				
Well w			ater was							
			pumping	. gpm		t				
Estimated Yield:						6 Elevation:				
	S Bore Hole Diameter:					Source	Source: Land Survey GPS Topographic Map Other			
1 m				in. to	ft.				• • • • • • • • • • • • • • • • • • • •	
		BE USED A								
1. Domestic: 5. □ Public Water Supply: well ID										
	□ Household 6. □ Dewatering: how many wells? □ Lawn & Garden 7. □ Aquifer Recharge: well ID						sed 🗌 Uncased 🔲			
\Box Lawii &				g: well ID			ermal: how many bore			
3. \Box Feedlot	2. Irrigation 9. Environmental Remediation: well 3. Feedlot Air Sparge					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:										
						II yes, date	sample was submitt	cu		
				C D Other	CASIN	IC IONTS	: 🗌 Glued 🔲 Clampe		1 🗖 Threadad	
							eter in. to .			
Casing height above land surface										
	CREEN OR				1000/10	wan unen	0.0			
TYPE OF S		PERFORAT		FERIAL:						
	🗌 Stair	PERFORAT		FERIAL:		🗌 Oth	er (Specify)			
TYPE OF S Steel Brass	□ Stair □ Galv	PERFORAT	TION MAT	FERIAL: □ PVC □ None	used (open hole	🗌 Oth				
TYPE OF S Steel Brass	☐ Stair ☐ Galv R PERFOR	PERFORAT less Steel anized Steel	TION MAT	TERIAL: □ PVC □ None RE:	used (open hole) Oth				
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