KOLAR Document ID: 1631260

		ECORD		WWC-5			ision of Wat								
Original		Correction		e in Well Use			urces App. I			Well ID					
1 LOCAT		ATER WEL	L:	Fraction	1 /		tion Numbe	er	Township Numb		nge Number				
County:				1/4 1/4	1⁄4	1⁄4			T S	R	$\Box E \Box W$				
2 WELL C	DWNER: La	st Name:		First:					re well is located		·				
Business: di Address:						irection 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: Depth(g) Groundwater Encountered: 1)															
SECTION	SECTION BOX: Depth(s) Groundwater Encountered: 1) 2) ft. 3) ft., or 4) \Box										-				
N	N 2) II. 3) II., OF 4) WELL'S STATIC WATER LEVEL:									NAD 27					
				, measured on (mo-d							`				
				surface, measured on (mo-day-yr)				☐ GPS (unit make/model: (WAAS enabled? ☐ Yes ☐ No)							
Pump test data: Well w			vater was ft.				$(WAAS enabled? \square Yes \square No)$ \square Land Survey \square Topographic Map								
			s pumping gpm					Mapper:							
Well v			vater was ft.					11							
			pumpinggpm			6 Flow	tion	. £							
Estimated Yield:			61					:ft							
			in. to ft. and			Sourc		Land Survey Other							
		DE LICED		in. to	I	t.			Ouler	•••••					
7 WELL W	VATER TO			4				1 17: -	1 W/						
1. Domestic:	old			ter Supply: well ID					ld Water Supply: 1 well ID						
	□ Household 6. □ Dewatering: how many wells? □ Lawn & Garden 7. □ Aquifer Recharge: well ID														
				g: well ID					al: how many bore						
2. Irrigatio				al Remediation: wel					Loop Horizon						
3. Feedlot] Air Sparge						loop 🔲 Surface Di						
4. 🔲 Industria			Recovery	Injection					specify):						
Was a chem	nical/bacter	iological san	nnle suhm	itted to KDHE?											
		Yes		fitted to KDIIE.		5 [] 110	II yes, dat	c sun	ipie was sublinte	u					
				C 🗌 Other		CASI	JG IOINTS	<u>. </u>	Gluad Clampa	d 🗖 Walda	d 🗆 Thraadad				
				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:															
TYPE OF SO	CREEN OR					111 1000/101	wan unc		00	•••••					
TYPE OF S □ Steel		PERFORAT													
	🗌 Stair			$ \begin{array}{c} \Gamma \text{ERIAL:} \\ \Box \text{ PV} \end{array} $	С		🗌 Otl		pecify)						
□ Steel	□ Stair □ Galv	PERFORAT	FION MAT	TERIAL:	С	open hole	🗌 Otl								
□ Steel □ Brass	☐ Stair ☐ Galv R PERFOR	PERFORAT	FION MAT	TERIAL: □ PV0 □ Nor RE:	C ne used	(open hole) Ot	her (S							
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