KOLAR Document ID: 1580039

	WELL R			WWC-5			ion of Wate							
		Correction		e in Well Use			rces App. N			Well ID	ige Number			
1 LOCATION OF WATER WELL:			Fraction	$\begin{array}{c c} \text{Fraction} & \text{Sect} \\ \hline 1/4 & 1/4 & 1/4 & 1/4 \end{array}$				ion Number Township Number Ra T S R						
County: 1/4 2 WELL OWNER: Last Name: First:						7^{4} I S K L r								
2 WELL Business:		rection from nearest town or intersection): If at owner's address, check here:												
Address:								rection nonn nearest town of intersection). If at owner s address, eneck here.						
Address:														
City:		T	State:	ZIP:										
3 LOCATE WELL WITH WY IN 4 DEPTH OF COMPLETED WELL:							5 Latit	nde.			(decimal degrees)			
WITH "X" IN SECTION BOX: 4 DEFI III OF COMILETED V Depth(s) Groundwater Encountered:						Longitude:(decimal degrees)								
	N DOA.		ft., or 4) 🗌 Dry Well				Datum: 🗌 WGS 84 🔄 NAD 83 📄 NAD 27							
		WELL'S ST						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			(0)				
w	Е	after					Online Mapper:							
		Well water was ft.												
SW	SE X	after hours pumping				6 Elevation:ft. Ground Level TOC								
		Estimated Yield:gpm												
	S nile	Bore Hole Diameter: in. to				$\square Other \dots$								
1 mile														
1. Domestic: 5. Dublic Water Supply: well ID 10. Oil Field Water Supply: lease														
☐ Household 6. ☐ Dewatering: how many w							11. Test Hole: well ID							
\Box Lawn & Garden 7. \Box A			Aquifer Recharge: well ID						d 🗌 Uncased 🔲 Geotechnical					
	Livestock 8. Monitoring: well I							al: how many bores						
2. 🗌 Irrigati				al Remediation: well I						pop 🔲 Horizontal 🔲 Vertical				
3. □ Feedlot □ Air Sparge 4. □ Industrial □ Recovery				e Soil Vapor Extraction			b) Open Loop □ Surface Discharge □ Inj. of Water 13. □ Other (specify):							
Was a chemical/bacteriological sample submitted to KDHE? \Box Yes \Box No If yes, date sample was submitted:														
Water well disinfected? Yes No 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded														
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Intreaded Casing diameter in. to ft., Diameter ft., Diameter ft., Diameter														
Casing height above land surface in. Weight Ibs./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 I Mill Slot Gauze Wrapped Torch Cut I Drilled Holes Other (Specify)														
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) SCREEN-PERFORATED INTERVALS: From														
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft. to ft.														
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other														
				ft., From										
		e contaminatio	on: No	potential source of co	ntaminatio	n with	in 200 ft.							
Septic '			Lateral Line				ivestock Pe			cide Storage				
Sewer]			Cess Pool	□ Sewage L			uel Storage			oned Water				
	ight Sewer Lin (Specify)		eepage Pit			ΠF	ertilizer Sto	orage		ell/Gas Well				
Direction from well? ft.														
10 FROM	TO		ITHOLO		FRO		TO		HO. LOG (cont.) or		G INTERVALS			
Notes:														
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged														
under mv i	urisdiction ar	id was compl	eted on (n	no-day-year)	14. 11115 V	and th	nis record	is tri	ie to the best of m	y knowled	ge and belief.			
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 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/waterwell					, 5410 +20,	, 1 0pt	, Mandas 00012 150		SA 82a-1212			