KOLAR Document ID: 1528602

	WELL R	ECORD Correction		WWC-5 e in Well Use			ivision of Wat sources App. 1] Well ID		
Original Record Correction Change in Well U 1 LOCATION OF WATER WELL: Fraction						Section Number			Township Numb		ange Number	
County:				1/4 1/4	1/4		•				□ E □ W	
·						Street or R	treet or Rural Address where well is located (if unknown, distance and					
Business: di						direction from	irection from nearest town or intersection): If at owner's address, check here:					
Address: Address:												
City: State: ZIP:												
3 LOCAT	E WELL				<u> </u>		_					
	TH "X" IN 4 DEPTH OF COMPLETED WELL								:			
SECTIO	CTION BOX: Depth(s) Groundwater Encountered: 1)											
N	2) ft. 3) ft., or 4) \(\subseteq WELL'S STATIC WATER LEVEL:										NAD 27	
		below land surface, measured on (mo-day-yr							Latitude/Longitude		,	
NW	- NF	above land surface, measured on (mo-day-yr						☐ GPS (unit make/model:				
	ī	Pump test data: Well water was ft.				t.		☐ Land Survey ☐ Topographic Map			•	
w X	E	after hours pumpinggr						☐ Online Mapper:				
SW	SE	Well water was ft.										
~	ī	after hours pumping gp Estimated Yield:gpm				gpm	6 Eleva	6 Elevation:ft. ☐ Ground Level ☐ TOC				
	S	Bore Hole Diameter: in. to				ft and		Source: Land Survey GPS Topograp				
1 n		in. to					Other					
7 WELL V	WATER TO	BE USED A					l.				-	
1. Domestic: 5. ☐ Public Water Supply: well ID												
☐ Housel	☐ Household 6. ☐ Dewatering: how many wells?						. 11. Test	11. Test Hole: well ID				
=					arge: well ID			☐ Cased ☐ Uncased ☐ Geotechnical				
	☐ Livestock 8. ☐ Monitoring: well ID								al: how many bores			
2. Irrigati						Extraction			l Loop 🔲 Horizont Loop 🔲 Surface Di			
3. ☐ Feedlot ☐ Air Sparge 4. ☐ Industrial ☐ Recovery				: ☐ Son \	-							
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 diameter												
Casing height above land surface												
TYPE OF SCREEN OR PERFORATION MATERIAL:												
☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify)												
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)												
SCREEN OR PERFORATION OPENINGS ARE:												
_	nuous Slot red Shutter	☐ Mill Slot ☐ Key Puncl		auze Wrapped			Drilled Holes None (Open I		Other (Specify)	• • • • • • • • • • • • • • • • • • • •	•••••	
									ft., From	ft	to ft	
									ft., From			
9 GROUT	MATERIA	L: Neat of	rement	Cement grout	ПВе	entonite \square	Other					
									ft. to			
	rce of possible		on: No	potential source	of con	tamination v	ithin 200 ft.					
☐ Septic '			Lateral Line				Livestock Po		☐ Insection			
☐ Sewer l			Cess Pool				Fuel Storage		Abando			
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Other (Specify)												
Direction from well? ft.												
10 FROM	TO		ITHOLOG		TOIII W	FROM	ТО		THO. LOG (cont.) or		NG INTERVALS	
									, , ,			
				·								
						Notes:						
11 CONTRACTORIS OR LANDOWNIERIS CERTIFICATION. This was all to the state of the sta												
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year)												
Kansas Wa	Kansas Water Well Contractor's License No											
under the b	usiness name	of	· · · · · · · · · · · · · · · · · · ·			·····	······		······································	·····	·····	
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.												
_	nent of Health ar ttp://www.kdhel			vater, Geology Sec	cuon, 10	JUU SW Jackso	on St., Suite 420	, Topo	eka, Kansas 66612-136		SSA 82a-1212	
vion us at II	Lep.// w w w.Kuilel	water wet	II III CA.IIIIII							1	1011 02U 1212	