KOLAR Document ID: 1571516

	WELL R			WWC-5				on of Wate						
		Correction		e in Well Use				rces App. N			Well ID			
1 LOCATION OF WATER WELL:			Fraction		Section Number To			Township Numb		nge Number				
County: 1/4 1/4 1/4 2 WELL OWNER: Last Name: First: First:						-	11101	$\begin{array}{c c c c c c c c c c c c c c c c c c c $						
2 WELL Business:		rection from nearest town or intersection): If at owner's address, check here:												
Address:								rection non nearest town of intersection). If at owner 5 address, eneck here.						
Address:														
City:			State:	ZIP:										
3 LOCAT		ft.	5 Latit	ude:			(decimal degrees)							
WITH "X" IN SECTION BOX: Depth(s) Groundwater Encountered: 1)														
N 2) ft. 3) ft., or							Datum: 🗌 WGS 84 🛛 NAD 83 🗌 NAD 27							
		WELL'S ST					Latitude/Longitude							
			-yr) -yr)											
X - _{NW}	NE	Pump test da		······ (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map			√ 0)							
w	Е	after		Online Mapper:										
			ft.											
SW	SE	after	gpm	6 Flavation: ft Ground Lavel TOC										
		Estimated Y	6 1	6 Elevation: ft. □ Ground Level □ _d Source: □ Land Survey □ GPS □ Topographic										
1 n	S nile	Bore Hole Diameter: in. to in. to					nd \Box Other							
		BE USED A		III. to		It.								
1. Domestic:				ter Supply: well ID)			10. 🗆 O	il Fie	eld Water Supply: le	ease			
House!			6. Dewatering: how many wells?							Hole: well ID				
Lawn d	& Garden		7. 🗌 Aquifer Recharge: well ID							d 🗌 Uncased 🔲 Geotechnical				
	Livestock 8. Monitoring: well ID									al: how many bores				
2. 🗌 Irrigati				al Remediation: we			•			l Loop 🔲 Horizont				
3.				-				b) Open Loop Surface Discharge Inj. of Water						
4. Industrial Recovery Injection 13. Other (specify):														
Was a chemical/bacteriological sample submitted to KDHE? \Box Yes \Box No If yes, date sample was submitted:														
				C D Other		CAS			·] Glued 🔲 Clamped	I 🗖 W-14-	1 🗖 Thursdad		
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														
		PERFORAT								8				
□ Steel	🗌 Stair	less Steel		🗆 PV	С			🗌 Otl	her (Specify)				
□ Brass □ Galvanized Steel □ None used (open hole)														
SCREEN OR PERFORATION OPENINGS ARE:														
	nuous Slot	☐ Mill Slot								Other (Specify)				
		Key Punch		••				ne (Open H		ft., From	ft to	ft		
										ft., From				
										ft. to				
		e contaminati	on: No	potential source of	con	ntamination v	vithi	n 200 ft.						
Septic '			Lateral Line					ivestock Pe			cide Storage			
Sewer l			Cess Pool					uel Storage			oned Water			
	ight Sewer Lin Specify)		eepage Pit	☐ Feedya			_ Fe	ertilizer Sto	orage		ll/Gas Well			
										ft.				
10 FROM	TO		ITHOLO			FROM		TO		THO. LOG (cont.) or		GINTERVALS		
						_	\perp							
						Notes:								
11 CONT	11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged													
under mv i	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 This Water Well Record was completed on (mo-day-year)														
under the business name of														
KS Departs	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			, 10			., 2010 720,	, - op			SA 82a-1212		