KOLAR Document ID: 1524623

	WELL R			WWC-5			ion of Wate	- 1					
	l Record			e in Well Use				rces App. N		T 1 N 1.	Well ID		
1 LOCATION OF WATER WELL: County:			Fraction 1/4 1/4 1/4 1/4			Section Number Township N			Township Numb	<u> </u>			
· · · · · · · · · · · · · · · · · ·							reet or Rural Address where well is located (if unknown, distance and						
Business: di							irection from nearest town or intersection): If at owner's address, check here:						
Address: Address:								_					
City: State: ZIP:													
3 LOCATE WELL WITH (SY, IN) 4 DEPTH OF COMPLET					·	6 5 7 44 3							
WITH "				. It.			-		_				
	SECTION BOX: Depth(s) Groundwater Encountered: 1)						Longitude:						
	WELL'S STATIC WATER LEVEL:												
		below land surface, measured on (mo-day-yr)						GPS (unit make/model:)	
NW	NE	above land surface, measured on (mo-day-yr)					• • • • • • • • • • • • • • • • • • • •			WAAS enabled?			
		Pump test data: Well water wasft. afterhours pumpinggp						☐ Land Survey ☐ Topographic Map ☐ Online Mapper:					
W	Е	Well water was ft.					Оппис маррег.						
SW	SE	after hours pumping gp						(Florestion)					
		Estimated Yield:gpm					6 Elevation:ft. ☐ Ground Level ☐ T Source: ☐ Land Survey ☐ GPS ☐ Topographic M						
	S	Bore Hole Diameter: in. to					and Source: Land Survey GPS 10pogra						
1 mile in. to ft. Uother													
7. WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID													
☐ Household 6. ☐ Dewatering: how many well								11. Test Hole: well ID					
				echarge: well ID						☐ Uncased ☐ Geotechnical			
☐ Livestock 8. ☐ Monitoring: well II								12. Geothermal: how many bores?					
2. ☐ Irrigat 3. ☐ Feedlo			Vironmenta Air Sparge	al Remediation: w e ☐ Soil V									
4. ☐ Indust		☐ Injection	Extraction		13. Other (specify):								
4. Industrial Recovery Injection 13. Other (specify):													
Water well disinfected? Yes No													
8 TYPE (OF CASING	USED: ☐ St	eel PV	C Other		CA	SINC	G JOINTS	: 🗆	Glued Clamped	i □ Weld	ed Threaded	
										in. to			
	ht above land s					lbs./	ft.	Wall thick	ness	or gauge No		•	
TYPE OF □ Steel	TYPE OF SCREEN OR PERFORATION MATERIAL:												
☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify) ☐ Brass ☐ Galvanized Steel ☐ None used (open hole)													
	OR PERFOR		NINGS A			(°F							
_	nuous Slot	☐ Mill Slot								Other (Specify)			
		☐ Key Punch						ne (Open H					
										ft., From			
										ft., From			
										ft. to			
	rce of possible		on: No	potential source of	of cor	ntamination	withi	in 200 ft.					
☐ Septic			ateral Line					ivestock Pe		☐ Insection			
☐ Sewer		_	Cess Pool	☐ Sewa				uel Storage		☐ Abando			
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Other (Specify)													
										ft.			
10 FROM	TO	L	ITHOLOG	GIC LOG		FROM	I	TO	LIT	HO. LOG (cont.) or	PLUGGI	NG INTERVALS	
	ļ												
							+	-					
							-						
						Notes:		l					
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 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.													
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