KOLAR Document ID: 1377012

	WELL R			WWC-5				sion of Wate						
	l Record			e in Well U				irces App. N			Well ID			
1 LOCATION OF WATER WELL: Fraction						1/	Section Number			Township Numb		ige Number		
County: 1/4 1/4 1/4 2 WELL OWNER: Last Name: First: S														
2 WELL Business:	ast Name:		First:		eet or Rural Address where well is located (if unknown, distance and									
Address:			direction	tion from nearest town or intersection): If at owner's address, check here:										
Address:														
City:			State:	ZIP:										
3 LOCAT	4 DEDTH		ірі бтеі		ft	5 Latit				(1 . 11)				
4 DEPTH OF COMPLETED WELL: SECTION BOX. Depth(s) Groundwater Encountered: 1)														
SECTION BOA: $(1, 2)$ ft 3) ft or 4)														
N 2) N 6 4) 1 WELL'S STATIC WATER LEVEL: WELL'S STATIC WATER LEVEL: 1								Source for Latitude/Longitude:						
	below land surface, measured on (mo-day-yr							GPS (unit make/model:)						
NW	ed on (mo-day-yr)			(WAAS enabled? ☐ Yes ☐ No)										
			water was ft.				□ Land Survey □ Topographic Map							
w					s pumping gpm			Online Mapper:						
SW						ter was ft.								
	pumping gpm				6 Elevation:ft. Ground Level TOC									
S Bore Hole Diameter:				gpm in. to ft. and				Source: Land Survey GPS Topographic Map						
					in. to ft.			$\Box \text{ Other } \dots$						
7 WELL WATER TO BE USED AS:														
1. Domestic:				ter Supply	: well ID			10. 🗆 O	il Fie	eld Water Supply: le	ase			
	1. Domestic: 5. □ Public Water Supply: well ID □ Household 6. □ Dewatering: how many wells?													
☐ Lawn & Garden 7. ☐ Aquifer Recharge:														
□ Livesto	Livestock 8. Monitoring: well ID													
	2. Irrigation 9. Environmental Remediation: well ID .													
3. E Feedlot Air Sparge Soil Vapor Ex							1							
	4. \Box Industrial \Box Recovery \Box Injection13. \Box Other (specify):													
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:														
Water well disinfected? Yes No														
										Glued Clamped				
										in. to				
Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No														
TYPE OF SCREEN OR PERFORATION MATERIAL:														
□ Steel □ Stainless Steel □ Fiberglass □ PVC □ Other (Specify)														
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:														
	NR PERFOR	Mill Slot			nod 🗆 Tra	mah Cut	□	illad Halaa		Other (Specify)				
	red Shutter	☐ Mill Slot		auze Wrap				one (Open H			•••••			
										ft., From	ft to	ft		
GRAVEL PACK INTERVALS: From														
Grout Intervals: From														
		e contaminati		, .				, .						
Septic '			Lateral Line		Pit Privy		ΠL	ivestock Pe	ens	Insection	cide Storage			
Sewer]			Cess Pool		Sewage La	goon		fuel Storage			oned Water			
	ight Sewer Lir		Seepage Pit		Feedyard		🗆 F	ertilizer Sto	orage	🗌 Oil We	ll/Gas Well			
Direction from well? ft.														
10 FROM	TO TO		ITHOLOG		ance from w	FRO		ТО		ft. HO. LOG (cont.) or		GINTEDVALS		
IU FROM	10	1		JIC LUG		FKU	141	10		110. LOG (COIII.) OF	LUUUUIN	U INTERVALS		
						-								
						Notes	s:							
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) 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 Domosto	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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