KOLAR Document ID: 1526371

	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  LOCATION OF WATER WELL: Fraction							ection Numb		Township Numb		ange Number	
County:			1/4 1/4	1/4		1			R	□ E □ W		
·						Street or R	treet or Rural Address where well is located (if unknown, distance and					
Business:	Business: di						irection from nearest town or intersection): If at owner's address, check here:					
Address: Address:												
	City: State: ZIP:											
	3 LOCATE WELL						_					
	YH "X" IN 4 DEPTH OF COMPLETED WELL											
SECTIO	TION BOX: Depth(s) Groundwater Encountered: 1)											
N	2) ft. 3) ft., or 4) \( \square\) WELL'S STATIC WATER LEVEL:										NAD 27	
			below land surface, measured on (mo-day-yr						<u>Latitude/Longitude</u> (unit make/model:		,	
NW	NF	above land surface, measured on (mo-day-yr							WAAS enabled?			
	i l	Pump test data: Well water was ft.				t.		☐ Land Survey ☐ Topographic Map				
w	E	after hours pumpinggp						☐ Online Mapper:				
SW	SE	Well water was ft.										
	1	after hours pumping gp Estimated Yield:gpm				gpm	6 Eleva	6 Elevation:ft. ☐ Ground Level ☐ TOC			nd Level □ TOC	
	S	Bore Hole Diameter: in. to				ft and	Source: Land Survey GPS Topograph					
1 n	-	in. to										
7 WELL V	WATER TO	BE USED A									-	
1. Domestic:				ter Supply: well	. 10. 🗆 C	10. ☐ Oil Field Water Supply: lease						
☐ Housel	☐ Household 6. ☐ Dewatering: how many wells?						11. Test Hole: well ID					
=	☐ Lawn & Garden 7. ☐ Aquifer Recharge: v							☐ Cased ☐ Uncased ☐ Geotechnical				
_	☐ Livestock       8. ☐ Monitoring: well ID         ☐ Irrigation       9. Environmental Remediation: well ID								nal: how many bores			
2.  Irrigati								a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water				
3. ☐ Feedlot         ☐ Air Sparge           4. ☐ Industrial         ☐ Recovery				Inject	_							
4. Industrial Recovery Injection 13. Other (specify):												
Water well disinfected? $\square$ Yes $\square$ No												
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:												
_		☐ Mill Slot ☐ Key Puncl		auze Wrapped			Drilled Holes None (Open I		Other (Specify)	• • • • • • • • • • • • • • • • • • • •		
_									ft., From	ft t	ro ft	
									ft., From			
9 GROUT	MATERIA	L: Neat of	rement	Cement grout	ПВе	entonite $\Box$	Other				<u> </u>	
									ft. to		•••••	
	rce of possible		on: No	potential source	of con	tamination v	vithin 200 ft.					
☐ Septic 7			Lateral Line				Livestock P		☐ Insection			
☐ Sewer I			Cess Pool				Fuel Storage		Abando			
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well												
☐ Other (Specify)												
10 FROM	TO		ITHOLOG		IIOIII W	FROM	ТО		THO. LOG (cont.) or		NG INTERVALS	
						1 1 1 1 1 1			2 2 (30111) 01	2 3 3 1		
		-										
									•			
						Notes:						
11. CONTED A CTODIC OD I ANDOMATEDIS CEDERICICATION. EL												
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	msurchon an ter Well Con	u was compl tractor's Lice	ense No	no-uay-year) Ti	his W	ater Well R	ecord was co	18 UT mnle	ac to the best of m eted on (mo-day-v	ıy kilowle ear)	age and bellet.	
Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo-day-year) under the business 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.												
_				Vater, Geology Sec	ction, 10	000 SW Jackso	on St., Suite 420	, Top	eka, Kansas 66612-136			
Visit us at h	ttp://www.kdhek	ks.gov/waterwel	1/1ndex.html							K	KSA 82a-1212	