KOLAR Document ID: 1592035

	WELL R	ECORD Correction		WWC-5 e in Well Use			ivision of Wate sources App. I			] Well ID	, []	
Original Record Correction Change in Well Use LOCATION OF WATER WELL: Fraction						Section Number			Township Numb		ange Number	
				1/4 1/4	1/4		*				□ E □ W	
·						Street or R	treet or Rural Address where well is located (if unknown, distance and					
Business:							irection from nearest town or intersection): If at owner's address, check here:					
Address:	Address: Address:											
City:			State:	ZIP:								
3 LOCATI	E WELL											
	TTH "X", IN 4 DEPTH OF COMPLETED WEI							5 Latitude:(decimal degrees)				
SECTIO	CTION BOX: Depth(s) Groundwater Encountered: 1)					201810000)						
N	2) ft. 3) ft., or 4) \( \subseteq WELL'S STATIC WATER LEVEL:								WGS 84 □ NAI		, NAD 27	
		below land surface, measured on (mo-day-yr						Source for Latitude/Longitude:  GPS (unit make/model:				
NW	NF	above land surface, measured on (mo-day-yr						(WAAS enabled? ☐ Yes ☐ No)				
	i l	Pump test data: Well water was ft.				t.		☐ Land Survey ☐ Topographic Map				
w	E	after hours pumpinggp							e Mapper:			
SW	SE	Well water was ft.										
	ΧÏ	after hours pumping gp Estimated Yield:gpm				gpm	6 Eleva	<b>6 Elevation</b> :ft. ☐ Ground Level ☐ TOO				
	5	Bore Hole Diameter: in. to				ft. and		Source: Land Survey GPS Topogr				
1 m	-		in. to ft.				☐ Other					
7 WELL WATER TO BE USED AS:												
1. Domestic: 5. Public Water Supply: well ID												
_	☐ Household 6. ☐ Dewatering: how many wells?											
=					ge: well ID				☐ Uncased ☐ (			
_	☐ Livestock 8. ☐ Monitoring: well ID							12. Geothermal: how many bores?				
3. ☐ Feedlot												
4. ☐ Industrial ☐ Recovery ☐ In					_		13. Other (specify):					
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:												
Water well disinfected?  Yes No												
8 TYPE OF CASING USED:  Steel PVC Other												
Casing diameter in. to ft., Diameter ft., Diameter in. to ft.												
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		auze Wrapped	□та	orch Cut	Drilled Holes	П	Other (Specify)			
		☐ Key Puncl					None (Open I					
SCREEN-P	ERFORATE	D INTERV	ALS: From	n ft. to .		ft., From	ft. t	o	ft., From	ft.	to ft.	
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft. to ft.												
									ft. to	ft.		
Nearest sour	rce of possible		<b>on:</b> No Lateral Line	potential source			nthin 200 ft. Livestock Pe	<b></b>	☐ Insection	oida Stora	gg.	
☐ Sewer I			Cess Pool				Fuel Storage		☐ Abando			
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well												
Other (Specify)												
Direction from well? ft.												
10 FROM	TO	I	ITHOLOG	GIC LOG		FROM	TO	LIT	THO. LOG (cont.) or	· PLUGGI	NG INTERVALS	
						Notes:						
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 Wat	Kansas Water Well Contractor's License No											
under the bi	usiness name	of	<u></u>		<u></u> .	·············			······································			
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 http://www.kdhek			vater, Geology Sect	поп, 10	JOU S W JACKSO	ıı sı., suite 420,	тор	ска, канѕаѕ 00012-136		XSA 82a-1212	
1	1									-		