## KOLAR Document ID: 1466098

	WELL R			WWC-5		Division o					
		Correction		ge in Well Use			App. No.		Well ID		
1 LOCATION OF WATER WELL:			Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$		Section Number Township Num			ber Ran	ige Number		
County:     1/4     1/4     1/4       2 WELL OWNER: Last Name:     First:						$\begin{array}{c c c c c c c c c c c c c c c c c c c $					
Business:	ast Ivanie.		14151.		action from nearest town or intersection): If at owner's address, check here:						
Address:					uneen m						
Address:			State:	700							
City: <b>3 LOCAT</b>		ZIP:									
WITH "X" IN 4 DEPTH OF COMPLETED WELL:											
	ON BOX:		Depth(s) Groundwater Encountered: 1) 2) ft. 3) ft., or 4) □ □				Longitude:				
1	N	WELL'S STATIC WATER LEVEL:				Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude:					
		below land surface, measured on (mo-day-yr)					$\Box \text{ GPS (unit make/model:)}$				
NW	NE	above land surface, measured on (mo-day-yr)					(WAAS enabled? $\Box$ Yes $\Box$ No)				
		Pump test data: Well water was ft.					Land Survey Topographic Map				
W	E	after hours pumping					Online Mapper:				
SW	SE	after hours pumping									
		Estimated Yield:gpm				6 Elevation:ft.  Ground Level  TOC					
	S	Bore Hole Diameter: in. to f					Source: Land Survey GPS Topographic Map				
1 r				in. to	ft.				·····		
7 WELL WATER TO BE USED AS:         1. Domestic:       5. <ul> <li>Public Water Supply: well ID</li> <li>10.              <li>Oil Field Water Supply: lease</li> </li></ul>											
T. Domestic				watering: how many wells?							
		7. Aquifer Recharge: well ID									
	Livestock 8. Monitoring			g: well ID			mal: how many bore				
2. Irrigation 9. Environmental Remed								a) Closed Loop 🔲 Horizontal 🗌 Vertical			
3. Eedlot   Air Sparge     4. Industrial   Recovery					□ Soil Vapor Extraction			b) Open Loop □ Surface Discharge □ Inj. of Water 13. □ Other (specify):			
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:											
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded											
Casing diameter in. to ft., Diameter in. to ft.											
Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
Steel     Stainless Steel     Other (Specify)											
Brass       Galvanized Steel       None used (open hole)         SCREEN OR PERFORATION OPENINGS ARE:       Image: Comparison of the sector of											
□ Continuous Slot □ Mill Slot □ Gauze Wrapped □ Torch Cut □ Drilled Holes □ Other (Specify)											
$\Box$ Louvered Shutter $\Box$ Key Punched $\Box$ Wire Wrapped $\Box$ Saw Cut $\Box$ None (Open Hole)											
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft.											
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft.											
9 GROUT MATERIAL:  Neat cement  Cement grout  Bentonite  Other											
Grout Intervals:       From											
			Lateral Line				tock Pens	□ Insecti	cide Storage		
Sewer			Cess Pool	Sewage La		Fuel S			oned Water		
	ight Sewer Lir			E Feedyard		🗌 Fertili	izer Stora	ge 🗌 Oil We	ell/Gas Well		
Direction from well? ft.											
10 FROM	TO		ITHOLO		FROM			ITHO. LOG (cont.) o		GINTERVALS	
IU I KOM	10	L			TROM			11110. LOG (cont.) 0		GINTERVILLS	
					NT - 4						
	Notes:										
11 CONT	RACTOR'S	OR LAND	WNER'S	S CERTIFICATION	N: This wa	ater well	was $\Box$	constructed.	onstructed.	or plugged	
under my j	urisdiction ar	nd was compl	eted on (n	no-day-year)	a	nd this re	ecord is t	true to the best of m	y knowled	ge and belief.	
Kansas Wa	ter Well Con	tractor's Lice	ense No	This Wa	ater Well F	Record w	vas comp	leted on (mo-day-y	ear)		
under the b	usiness name	Send one conv to	WATER W	VELL OWNER and retain	one for your	records E	Fee of \$5 0	) for each constructed w	ell.		
Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> 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.											
Visit us at h	ttp://www.kdhe	ks.gov/waterwel	l/index.html						KS	SA 82a-1212	