KOLAR Document ID: 1517608

	WELL R			WWC-5 e in Well Use				on of Wate	- 1		 Well ID			
Original Record Correction Chang 1 LOCATION OF WATER WELL:				Fraction			Resources App. No. Section Number							
County:				1/4 1/4 1/4 1/4			secu	T S			ber Range Number R □ E □ W			
		First:	1		Street or Rural Address where well is located (if unknown, dist									
							lirection from nearest town or intersection): If at owner's address, check here:							
Address:	Address:							arest town of	i iiitci	iscetion). If at owner	. s address	, check here.		
Address:														
City:		1	State:	ZIP:				ı						
	3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:						ft. 5 Latitude:(decimal degrees)							
WITH "				Encountered:			. 10.	Longitude:						
						ft., or 4) Dry Well				Datum: WGS 84 NAD 83 NAD 27				
		ER LEVEL: ft.					Latitude/Longitude		11/11/27					
		☐ below la	☐ below land surface, measured on (mo-day-yr							unit make/model:)		
NW	NE	above land surface, measured on (mo-day-yr					····· (WAAS enabled? ☐ Yes ☐ No)			No)				
,	v	Pump test data: Well water was ft.					☐ Land Survey ☐ Topographic Map							
w	E	after	after hours pumping					Online Mapper:						
SW	SE	Well water was ft. after hours pumping gpm												
			gpiii	6 Elevation :ft. ☐ Ground Level [nd Level 🔲 TOC						
	S		Estimated Yield:gpm Bore Hole Diameter:in. tof											
1 mile				in. to .			Other							
7 WELL WATER TO BE USED AS:														
1. Domestic:				ter Supply: we	ell ID			10. □ Oi	il Fie	eld Water Supply: 16	ease			
☐ Housel		: how many wells?				11. Test Hole: well ID								
			echarge: well ID						☐ Uncased ☐ 0					
					g: well ID					al: how many bores				
	2. ☐ Irrigation 9. Environmental Remediation: v								Closed Loop Horizontal Vertical					
3. ☐ Feedlot ☐ Air Sparge				-				b) Open Loop ☐ Surface Discharge ☐ Inj. of Water						
	4. Industrial Recovery Injection 13. Other (specify):													
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:														
				G 🗖 04		CA	CINIC	LOINTE			1 🖂 🕶 1			
										Glued Clamped				
Casing diameter														
	SCREEN OR					103./		wan uncr	KIICSS	of gauge 140	,	•		
☐ Steel		less Steel	ION MA		PVC			□ Otl	her (S	Specify)				
Brass														
	OR PERFOR		NINGS A		•	(- F	,							
☐ Contir	nuous Slot	☐ Mill Slot	☐ Ga	auze Wrapped	□ To	orch Cut	Dril	lled Holes		Other (Specify)				
☐ Louve	red Shutter	☐ Key Punch	ned 🔲 W	ire Wrapped	☐ Sa	aw Cut] Nor	ne (Open H	Iole)					
SCREEN-F	PERFORATE	ED INTERVA	ALS: From	n ft. t	o	ft., Fro	m	ft. to	o	ft., From	ft. 1	io ft.		
G:	RAVEL PAC	K INTERV	ALS: Fron	n ft. t	оо	ft., Fro	m	ft. to	o	ft., From	ft.	to ft.		
				ft., From		ft. to		. ft., From		ft. to	ft.			
	rce of possible			potential source										
☐ Septic			Lateral Line		t Privy			ivestock Pe		☐ Insection				
Sewer 1			Cess Pool					uel Storage		☐ Abando				
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well ☐ Other (Specify)														
										ft.				
10 FROM	TO		ITHOLOG			FROM		TO		HO. LOG (cont.) or		NG INTERVALS		
		Notes:												
11 CONT	DACTOD'S	OD I ANDO	MANED!	CEDTIFIC	ATIO	V. This w	otor I	12011 11200 F	7.00	notmioted Drage	natruoto	l or \square plugged		
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 This Water Well Record was completed on (mo-day-year)														
under the business name of														
W.C. F.	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 S	ection, 10	UUU SW Jack	son St.	., Suite 420,	Tope	eka, Kansas 66612-136				
v isit us at h	ttp://www.kdhel	s.gov/waterwel	⊬muex.ntml								r	KSA 82a-1212		