KOLAR Document ID: 1562798

		ECORD Correction		WWC-5 ge in Well Use			on of Wate ces App. N			Well ID		
Original Record Correction Chang LOCATION OF WATER WELL:						on Numbe		Township Numb		ge Number		
County:				1/4 1/4	1/4 1/4					R	□ E □ W	
Business: d Address: Address:						Street or Rural Address where well is located (if unknown, distance and lirection from nearest town or intersection): If at owner's address, check here:						
City: 3 LOCAT			ZIP:									
WITH "			IPLETED WELL: ft.			5 Latitude:(decimal degrees)						
SECTIO			Depth(s) Groundwater Encountered: 1) 2) ft. 3) ft., or 4) 🗆 D									
N	N	WELL'S STATIC WATER LEVEL:					Source for Latitude/Longitude:					
x			\Box below land surface, measured on (mo-day-yr)					BPS (unit make/model:			
NW	NE		D above land surface, measured on (mo-day-yr). Pump test data: Well water was ft.							(o)		
w	Е	-	after hours pumping				□ Land Survey □ Topographic Map □ Online Mapper:					
SW		Well water was ft.										
afterhou Estimated Yield:				s pumping gpm			6 Elevation:ft. Ground Level TOC					
	S		Bore Hole Diameter: in. to				Source: 🗌 Land Survey 🔲 GPS 🔲 Topographic Ma				opographic Map	
1 r	1		ft.	Other					,			
7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID 10. Oil Field Water Supply: lease												
1. Domestic: ☐ Housel	☐ Household 6. ☐ Dewatering: how many wells											
Lawn a		7. Aquifer Recharge: well ID				🗌 Ca	ased	ed 🗌 Uncased 🔲 Geotechnical				
					ID			12. Geothermal: how many bores?				
2. ☐ Irrigati 3. ☐ Feedlo	2. □ Irrigation 9. Environmental Remediation: 3. □ Feedlot □ Air Sparge □ Soil								ed Loop 🔲 Horizontal 📄 Vertical n Loop 🗋 Surface Discharge 📄 Inj. of Water			
$3. \square$ recent \square rm sparge \square s $4. \square$ Industrial \square Recovery \square In					2	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												
Casing height above land surface in. Weight Ibs./ft. Wall thickness or gauge No.												
TYPE OF SCREEN OR PERFORATION MATERIAL:												
$\Box \text{ Steel} \qquad \Box \text{ Stainless Steel} \qquad \Box \text{ PVC} \qquad \Box \text{ Other (Specify)} \dots \dots$												
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)												
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)												
SCREEN-PERFORATED INTERVALS: From ft. to												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other												
Grout Intervals: From												
Nearest sou			on: No Lateral Line				n 200 ft. vestock Pe	ens	□ Insectic	ide Storage		
			Cess Pool	Sewage I	Lagoon		iel Storage			oned Water		
	ight Sewer Li			☐ Feedyard		🗌 Fe	ertilizer Sto	orage	Oil We	ll/Gas Well		
Direction from well? ft.												
10 FROM	ТО		ITHOLO		FROM		ТО		HO. LOG (cont.) or	PLUGGIN	G INTERVALS	
						+						
						+						
					Notes:							
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year)												
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.												
Visit us at h	ttp://www.kdhe	eks.gov/waterwel	l/index.html							KS	SA 82a-1212	