KOLAR Document ID: 1430609

	WELL R			WWC-5				on of Wat					
		Correction		e in Well Use				rces App. 1			Well ID		
			Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$			Section Number			Township Numb		nge Number		
						-	11101	$\begin{array}{c c c c c c c c c c c c c c c c c c c $					
2 WELL Business:		rection from nearest town or intersection): If at owner's address, check here:											
Address:					II IICa	arest town o	1 mie	isection). If at owner	s address,				
Address:													
City:		1	State:	ZIP:				1					
3 LOCAT		ft.	5 Latit	ude:	:		(decimal degrees)						
WITH "X" IN SECTION BOX: 4 DEI TH OF COMI LETED WELL Depth(s) Groundwater Encountered: 1)						ft.							
	N 2) ft. 3) ft., or 4) \Box 1						Dry Well Datum: WGS 84 NAD 83 NAD 27						
			TATIC WATER LEVEL: land surface, measured on (mo-day-yr)					Source for Latitude/Longitude:					
			-yr) -yr)										
NW	NE	Pump test da		······ (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map			√ 0)						
w	Е	after											
			ft.										
SW	SE	after	gpm	6 Flavation: ft \Box Ground Laval \Box T(
		Estimated Y	6 1	nd 6 Elevation :ft. □ Ground Level □ Source: □ Land Survey □ GPS □ Topographi									
1 r	S nile	Bore Hole D		$\square Other \dots$									
		BE USED A		in. to		It.							
1. Domestic:				ter Supply: well ID)			10. 🗆 0	il Fie	eld Water Supply: le	ease		
House		any wells?			10. □ Oil Field Water Supply: lease 11. Test Hole: well ID								
Lawn & Garden 7. [7. Aquifer Recharge: well ID				Cased 🗌 Ur			Uncased 🔲 🤇	Uncased 🔲 Geotechnical		
	Livestock 8. Monitoring: well ID									al: how many bores			
2. 🗌 Irrigati				al Remediation: we			•			Loop Horizont			
3. Feedlot Air Sparge					Soil Vapor Extraction			b) Open Loop \Box Surface Discharge \Box Inj. of Water					
4. Industrial Recovery Injection 13. Other (specify):													
Was a chemical/bacteriological sample submitted to KDHE? \Box Yes \Box No If yes, date sample was submitted:													
				C D Other		CAS			· _] Glued 🔲 Clamped	I 🗆 Walda	d 🗖 Threadad	
Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No													
		PERFORAT								66			
$\Box \text{ Steel} \qquad \Box \text{ Stainless Steel} \qquad \Box \text{ PVC} \qquad \Box \text{ Other (Specify)} \dots$													
□ Brass □ Galvanized Steel □ None used (open hole)													
SCREEN OR PERFORATION OPENINGS ARE:													
	nuous Slot	☐ Mill Slot								Other (Specify)			
		Key Punch		**				ne (Open H		ft., From	ft to	ft	
										ft., From			
										ft. to			
		e contaminati	on: No	potential source of	con	ntamination v	vithi	n 200 ft.					
Septic '			Lateral Line					ivestock Pe			cide Storage		
Sewer]			Cess Pool	□ Sewage				uel Storage			oned Water		
	ight Sewer Lin		eepage Pit	Feedyar			_ Fe	ertilizer Sto	orage		ll/Gas Well		
										ft.			
10 FROM	TO		ITHOLO			FROM		TO		THO. LOG (cont.) or		GINTERVALS	
							\perp						
Notes:													
11 CONT	11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged												
under my in	under my jurisdiction and was completed on (mo-day-year) and this record is true to the best of my knowledge and belief.												
Kansas Water Well Contractor's License No This Water Well Record was completed on (mo-day-year)													
under the business name of													
KS Departm	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.												
		ks.gov/waterwel			., 10			., 2	P			SA 82a-1212	