## KOLAR Document ID: 1571520

	WELL R			WWC-5				ion of Wat							
	l Record			e in Well Use				rces App. 1			Well ID				
1 LOCATION OF WATER WELL:			Fraction					Township Numb T S		ige Number					
County:         1/4         1/4         1/4           2         WELL OWNER: Last Name:         First:         First:							Dure	$T S R \square E \square W$							
2 WELL Business:		rection from nearest town or intersection): If at owner's address, check here:													
Address:									rection non nearest town of intersection). If at owner's address, eneck here.						
Address:															
City:		I	State:	ZIP:				1							
<b>3 LOCATE WELL</b> WITH WY IN <b>4 DEPTH OF COMPLETED WELL:</b>							. ft.	5 Latit	nde			(decimal degrees)			
	WITH "X" IN SECTION BOX: 4 DEF TH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1)														
	N 2) ft. 3) ft., or 4) $\Box$						1			WGS 84 🗌 NAI		NAD 27			
	WELL'S STATIC WATER LEVEL:						Boulee for Buttude/ Boligitude.								
X		<ul> <li>below land surface, measured on (mo-day-yr)</li> <li>above land surface, measured on (mo-day-yr)</li> </ul>													
NW	NE	Pump test data: Well water was ft.					······ (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map			lo)					
w	Е	after hours pumping													
		Well water was ft.						Online Mapper:							
SW	SE	after hours pumping gp					6 Elevation: ft Cround Level TOC								
		Estimated Yield:gpm					6 Elevation:ft. □ Ground Level □ Source: □ Land Survey □ GPS □ Topographic								
	S nilo	Bore Hole Diameter: in. to													
Image:															
1. Domestic:				ter Supply: well II	D			10 🗆 0	il Fie	eld Water Supply: le	ase				
☐ Household 6. ☐ Dewatering: how many w								10.							
				echarge: well ID			Cased Uncased Geotechnical								
	Livestock 8. Monitoring: well ID									al: how many bores					
2. 🗌 Irrigati				al Remediation: we						l Loop 🔲 Horizont					
3. $\Box$ Feedlot $\Box$ 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? $\Box$ Yes $\Box$ No If yes, date sample was submitted:															
						CA	CINI		· –	] Glued 🔲 Clamped	1 🗖 🗤 11				
										in. to					
				Weight						s or gauge No					
	SCREEN OR					1000		,, an ano		s of gauge 1101 min					
☐ Steel		less Steel		P\	VC			🗌 Ot	her (	Specify)					
□ Brass □ Galvanized Steel □ None used (open hole)															
SCREEN OR PERFORATION OPENINGS ARE:															
	nuous Slot	☐ Mill Slot		* *						Other (Specify)	•••••	, <b></b>			
	ered Shutter	Key Punch						ne (Open H		ft., From	ft to	ft			
										ft., From					
										·····					
										ft. to					
	rce of possible			potential source of											
Septic '			Lateral Line					ivestock Pe			cide Storage				
Sewer			Cess Pool			agoon		uel Storage			oned Water				
	ight Sewer Lin		Seepage Pit	Feedya 🗌			$\Box$ F	ertilizer Sto	orage	e ∐ Oil We	ell/Gas Well				
										ft.					
10 FROM	TO		ITHOLOG			FROM		ТО		THO. LOG (cont.) or		G INTERVALS			
						_									
						Notes:									
11 CONT	11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged														
under my ju	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															
		Send one copy to	WATER W	ELL OWNER and re	etain	one for your	record	ds. Fee of \$	5.00 f	for each <u>constructed</u> we	<u></u> 11.				
	nent of Health a	nd Environment	Bureau of W							eka, Kansas 66612-136	67. Telephone				
Visit us at h	ttp://www.kdhel	ks.gov/waterwel	l/index.html								KS	SA 82a-1212			