KOLAR Document ID: 1453603

	WELL R			WWC-5 e in Well Use				on of Wate	- 1		 Well ID		
Original Record Correction Change 1 LOCATION OF WATER WELL:			Fraction			Resources App. No. Section Number							
County:				1/4 1/4	secuo	T S			ber Range Number R □ E □ W				
					1/2	*	1/4 T S R Street or Rural Address where well is located (if unknown, or						
							lirection from nearest town or intersection): If at owner's address, check here:						
Address:	Address:							icst town of	i iiitci	iscetion). If at owner	. s address	i, check here.	
Address:													
City:		•	State:	ZIP:									
	3 LOCATE WELL 4 DEPTH OF COMPLETED WE						ft	5 I atitu	nde.			(decimal degrees)	
WITH "					Encountered: 1) ft.			5 Latitude:(decimal degrees) Longitude:(decimal degrees)					
	ON BOX: 2) ft. 3) ft., or							Datum: WGS 84 NAD 83 NAD 27					
	WELL'S STATIC WATER LEVEL:									Latitude/Longitude		14710 27	
			land surface, measured on (mo-day-yr)							unit make/model:)	
- X NW	NE		☐ above land surface, measured on (mo-day-yr				······ (WAAS enabled? \(\subseteq \text{Yes} \subseteq \text{No} \)			No)			
			mp test data: Well water was ft.				☐ Land Survey ☐ Topographic Map						
w	W E after			hours pumping gp			☐ Onlin			e Mapper:			
SW SE after			Well water was ft. r hours pumping gpi										
			gpm			gpin	6 Elevation:			ı:ft.	. 🔲 Grou	nd Level ☐ TOC	
				in. to ft. and				Source:					
				in. to ft.				Other					
7 WELL	WATER TO	BE USED A	AS:										
1. Domestic:				ter Supply: we	ll ID			10. □ Oi	il Fie	eld Water Supply: le	ease		
☐ Household 6. ☐ Dewatering: how many wel							11. Test Hole: well ID						
☐ Lawn d					echarge: well ID					☐ Uncased ☐ 0			
☐ Livesto	•	well ID					al: how many bores						
2. Irrigati				al Remediation:						Loop Horizont			
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:													
				C 🗆 04h		CA	CINIC	LOINTO	·. \Box	Glued Clamped		1.1 🗆 🎞1.1	
Casing diameter													
	SCREEN OR					103./1		wan tiner	KIICSS	or gauge 110		•	
☐ Steel		less Steel	Fiber		PVC			□ Otl	her (S	Specify)			
☐ Brass													
SCREEN C	OR PERFOR					` 1							
☐ Contir	nuous Slot	☐ Mill Slot	☐ Ga	auze Wrapped	□ To	orch Cut	Drill	led Holes		Other (Specify)			
☐ Louve	ered Shutter	☐ Key Punch	ned 🔲 W	ire Wrapped	☐ Sa	aw Cut	Non	e (Open H	Iole)				
SCREEN-F	PERFORATI	ED INTERVA	ALS: From	n ft. to	·	ft., From	n	ft. to	o	ft., From	ft. 1	to ft.	
G:	RAVEL PAC	CK INTERVA	ALS: Fron	n ft. to	·	ft., Froi	n	ft. to	o	ft., From	ft.	to ft.	
				ft., From		ft. to		. ft., From		ft. to	ft.		
	rce of possible			potential sourc									
☐ Septic			Lateral Line					vestock Pe		☐ Insection			
Sewer 1			Cess Pool					el Storage		Abando			
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well ☐ Other (Specify)													
	Direction from well? ft.												
10 FROM	ТО		ITHOLOG			FROM		TO		HO. LOG (cont.) or		NG INTERVALS	
	-					1 2 2 1 2		-		(, , , , , , , , , , , , , , , , ,			
						Notes:							
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)													
under my ji	urisdiction ar	d was compl	eted on (m	no-day-year) ຼ		aı	nd thi	s record i	ıs tru	ie to the best of m	y knowle	dge and belief.	
Kansas Water Well Contractor's License No													
under the business name of													
KS Departm	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.												
_	ttp://www.kdhe											KSA 82a-1212	