KOLAR Document ID: 1590954

	WELL R			WWC-5			sion of Wate					
		Correction		e in Well Use			urces App. N			Well ID		
1 LOCATION OF WATER WELL: Fraction							tion Numbe	er	Township Numb		nge Number	
County: 1/4 1/4 1/4							$\begin{array}{c c c c c c c c c c c c c c c c c c c $					
	OWNER: La	ast Name:		First:		reet or Rural Address where well is located (if unknown, distance and ection from nearest town or intersection): If at owner's address, check here:						
Business: direction from nearer Address:									rsection): If at owner	's address,	check here:	
Address:												
City:			State:	ZIP:								
3 LOCATE WELL WITH WY IN 4 DEPTH OF COMPLETED WELL:							5 T . 414					
WITH "A" IN Donth(s) Groundwater Encountered: 1)												
	SECTION BOX: (2) ft 2) ft or 4)											
N	N		ER LEVEL: ft.				Source for Latitude/Longitude:					
		below land surface, measured on (mo-day-yr)						GPS (unit make/model:)				
NW	NE	above land surface, measured on (mo-day-yr)						(WAAS enabled? ☐ Yes ☐ No)				
		Pump test data: Well water was ft.					Land Survey Topographic Map					
W	V E	after	after hours pumping gpm Well water was ft.					□ Online Mapper:				
SW	SE	after hours pumping										
		Estimated Yield:gpm					6 Elevation:ft. Ground Level TOC					
	s	Bore Hole Diameter: in. to f				d	Source: Land Survey GPS Topographic Map					
1 n		in. to f				□ Other						
7 WELL WATER TO BE USED AS:												
1. Domestic: 5. Public Water Supply: well ID												
Househ			 Dewatering: how many wells? Aquifer Recharge: well ID 						le: well ID			
2. Irrigati												
3. Elevitolimental Kenediation. went D							a) Closed Loop Horizontal Vertical 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:												
Water well disinfected? \square Yes \square No												
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded												
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												
TYPE OF SCREEN OR PERFORATION MATERIAL:												
□ Steel □ Stainless Steel □ PVC □ Other (Specify)												
Brass Galvanized Steel None used (open hole)												
SCREEN OR PERFORATION OPENINGS ARE:												
□ 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 ft., From ft., From ft. to ft.												
				n ft. to								
				Cement grout								
				ft., From					ft. to	ft.		
		e contaminati		potential source of c					_			
			Lateral Line				Livestock Pe					
Sewer I			Cess Pool Seenage Pit	Sewage I			Fuel Storage		Abando			
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify)												
	Direction from well?											
10 FROM	ТО		ITHOLOG			OM			HO. LOG (cont.) or		JG INTERVALS	
												
	Notes:											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged												
under my in	Irisdiction ar	id was compl	leted on (m	no-day-year)	•1 1 11	. and t	his record i	is tru	ie to the best of m	v knowled	lge and belief	
Kansas Wa	ter Well Con	tractor's Lice	ense No		Vater We	ell Reco	ord was cor	nple	ted on (mo-day-ve	ear)		
	usiness name	e 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.												
-		nd Environment ks.gov/waterwel		water, Geology Section,	1000 S.M. J	ackson S	51., Suite 420,	rope	жа, к ansas 66612-136		SA 82a-1212	
visit us at II	up.//www.kulle	so.gov/waterwel	IIIIIII.AJUUIII							N	511 020-1212	