KOLAR Document ID: 1604024

	WELL R			WWC-5			ion of Wate					
		Correction		e in Well Use			rces App. N			Well ID		
1LOCATION OF WATER WELL:FractionCounty:1/41/4						Section	tion Number Township Number Range Number T S R \square E \square W					
county.						$\begin{array}{c c c c c c c c c c c c c c c c c c c $						
							rection from nearest town or intersection): If at owner's address, check here:					
Address:												
Address:												
City:			State:	ZIP:								
3 LOCAT		4 DEPTH	OF COM	IPLETED WELL:		ft. 5 Latitude: (decimal degrees)						
WITH "X" IN SECTION BOX: Depth(s) Groundwater Encountered: 1)						ft. Longitude:						
	N 2) ft. 3) ft., or 4) \Box						ry Well Datum: 🗌 WGS 84 🔲 NAD 83 🔲 NAD 27					
WELL'S STATIC WATER LEVEL:						Source for Eathlade, Eoligitude.						
			 below land surface, measured on (mo-day-yr) above land surface, measured on (mo-day-yr) 									
NW	NE	Pump test data: Well water was ft.				······· (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map					NO)	
w	E	-	after hours pumping				□ Online Mapper:					
				Well water was ft.								
SW		after hours pumping gpm				6 Elevation:ft. Ground Level TOC						
		Estimated Yield:gpm										
S Bore Hole			Hole Diameter: in. to ft ft ft.									
7 WELL WATER TO BE USED AS:												
1. Domestic: 5. Dublic Water Supply: well ID 10. Oil Field Water Supply: lease												
☐ Household 6. ☐ Dewatering: how many wells?												
🗌 Lawn a	□ Lawn & Garden 7. □ Aquifer Recharge: well ID						🗌 Ca	Cased 🗌 Uncased 🔲 Geotechnical				
	Livestock 8. Monitoring: well ID											
	2. Irrigation 9. Environmental Remediation: well ID.								Loop Horizont			
3. Eredlot Air Sparge Soil Vapor Ex 4. Industrial Recovery Injection							b) Open Loop □ Surface Discharge □ Inj. of Water 13. □ Other (specify):					
Was a chemical/bacteriological sample submitted to KDHE? \Box Yes \Box No If yes, date sample was submitted:												
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded												
Casing 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												
				n ft. to								
				Cement grout \square B								
				ft., From								
Nearest sou	rce of possibl	e contaminati	ion: No	potential source of co								
			Lateral Line				ivestock Pe		Insectio			
Sewer			Cess Pool	Sewage L			uel Storage					
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify)												
	Direction from well?											
10 FROM	ТО		LITHOLOG		FROM				HO. LOG (cont.) or		IG INTERVALS	
					_							
					NT - 4	<u> </u>						
	Notes:											
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 Wa	ter Well Con	tractor's Lic	ense No	This W	ater Well	Recor	rd was cor	nple	ted on (mo-day-ye	ear)	-	
under the b	usiness name	<u>e of</u>			6					<u></u> 11		
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.												
-	ttp://www.kdhe						., 120,	- °PC	.,		SA 82a-1212	