KOLAR Document ID: 1636676

WATER WEI				WWC-5				sion of Wat					
Original Record		Correction		e in Well Use				Irces App. 1			Well ID		
1 LOCATION OF WATER WELL: County:			Fraction	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				tion Number Township Num T S			$\Box E \Box W$		
2 WELL OWNER: Last Name: First:					4 /		¹ / ₄ T S R treet or Rural Address where well is located (if unknown, distance)						
Business:		irection from nearest town or intersection): If at owner's address, check here:											
Address:											,		
Address: City:			State:	ZIP:									
3 LOCATE WEL	L				l								
WITH "X" IN 4 DEPTH OF COMPLETED WELL:							ft.			:		-	
SECTION BOX: Depth(s) Groundwater Encountered: 1) 2) ft. 3) ft., or 4) \Box							— • 0 - • • • • • • • • • • • • • • • • • •						
Ν	N 2) II. 3) II., OF 4) [] I WELL'S STATIC WATER LEVEL:												
		below land surface, measured on (mo-day-yr)								unit make/model:)	
NW - X - NE -	above land surface, measured on (mo-day-yr)								WAAS enabled?				
	Pump test data: Well water was ft.						□ Land Survey □ Topographic Map						
W	anter	after hours pumping gp Well water was ft.					Online Mapper:						
SW SE after			hours pumping										
	Estimated Y	timated Yield:gpm				6 Elevation:ft. Ground Level							
S	Bore Hole D	ore Hole Diameter: in. to				Source: Land Survey GPS Topograph							
1 mile 7 WELL WATE		DE LISED A		in. to .		π.							
1. Domestic:	K 10			ter Supply: we	ell ID			10 🗆 0	il Fie	eld Water Supply: le	ase		
☐ Household 6. ☐ Dewatering: how many wells							11. Tes			bil Field Water Supply: lease Hole: well ID			
☐ Lawn & Garden 7. ☐ Aquifer Recharge:					e: well ID			$\Box C$	ased	Uncased 🔲 🤇	Geotechnica	1	
	Livestock 8. Monitoring: well ID							12. Geothermal: how many bores?					
2. ☐ Irrigation 3. ☐ Feedlot				al Remediation			••••			l Loop 🔲 Horizont			
3. □ Feedlot □ Air Sparge □ Soil Vapor F 4. □ Industrial □ Recovery □ Injection						Extraction		b) Open Loop Surface Discharge Inj. of Water 13. Other (specify):					
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:													
	Was a chemical bacteriological sample submitted to KDHE? \square Yes \square No \square Yes, date sample was submitted:												
8 TYPE OF CAS				C □ Other		CA	SIN	G JOINTS	S: 🗆	Glued Clamped	I 🗌 Welder	1 🗌 Threaded	
Casing diameter		in. to	ft.,	Diameter		. in. to		ft., Diar	neter	· in. to	ft.	_	
Casing height above						lbs.	/ft.	Wall thic	kness	s or gauge No			
TYPE OF SCREE			'ION MA'						1 /	G .()			
Steel Steinless Steel PVC Other (Specify) Brass Galvanized Steel None used (open hole)													
	SCREEN OR PERFORATION OPENINGS ARE:												
Continuous S		I Mill Slot		auze Wrapped	T 🗌	orch Cut	_ Dri	illed Holes		Other (Specify)		,	
Louvered Shu								one (Open H					
										ft., From			
										ft., From			
9 GROUT MAT										ft. to			
Nearest source of p				potential sour							10.		
Septic Tank			ateral Line	s 🗌 Pit	t Privy		ΠL	ivestock Pe			cide Storage		
Sewer Lines	Ţ.,		Cess Pool		wage La	agoon		fuel Storage			oned Water	Well	
□ Watertight Sev □ Other (Specify			eepage Pit		edyard			ertilizer Sto	orage		ll/Gas Well		
Direction from well										ft.			
10 FROM TO			ITHOLO			FROM		ТО		THO. LOG (cont.) or		G INTERVALS	
						_							
							-+						
<u>├</u> ───┤───							-+						
						Notes	 ;		1				
11 CONTRACT	11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged												
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													
under the business name of													
Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> 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 Department of F Visit us at http://ww				vater, Geology S	ection, 1	000 SW Jacl	cson S	t., Suite 420,	, Tope	eka, Kansas 66612-136		e 785-296-3565. SA 82a-1212	