KOLAR Document ID: 1150463

	WELL R			WWC-5 ge in Well Us	S-0			ion of Wate	- 1		 Well ID			
				Fraction	se			rces App. N		Township Numb				
1 LOCATION OF WATER WELL: County:				1/4 1/4 1/4 1/4			Section Number Township N			•	<u> </u>			
	First:	/4 /-	1	Duro	Rural Address where well is located (if unknown, distance a									
								lirection from nearest town or intersection): If at owner's address, check here:						
Address:	Address:								i iiitci	iscetion). If at owner	. s address	, check here.		
Address:														
City:		1	State:	ZIP:				1						
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL						ft. 5 Latitude:(decimal					(dagimal dagrags)			
WITH "					acountered: 1) ft.				Longitude:					
	CTION BOX: 2) ft., or 4)													
	WELL'S STATIC WATER LEVEL:									Latitude/Longitude		11110 21		
			below land surface, measured on (mo-day-y							unit make/model:)		
NW	NE		above land surface, measured on (mo-day-yr						Ċ	WAAS enabled?	Yes 🗌	No)		
			mp test data: Well water was ft.				☐ Land Survey ☐ Topographic Map							
W E after.			ter hours pumping g				m 🔲 Onlin			e Mapper:				
SW SE after			Well water was ft hours pumping gp											
			nated Yield:gpm				6 Elevation:ft. ☐ Ground			nd Level 🔲 TOC				
				in. to ft. an				Source: Land Survey GPS Topographic M			Гороgraphic Map			
1 n	in. to ft.				Other									
7 WELL WATER TO BE USED AS:														
1. Domestic:				ter Supply:	well ID			10. □ O	il Fie	eld Water Supply: 16	ease			
☐ Housel	☐ Household 6. ☐ Dewatering: how many wells'									11. Test Hole: well ID				
☐ Lawn ∂					echarge: well ID					☐ Uncased ☐ 0				
Livesto					: well ID					al: how many bores				
2. Irrigati			ivironmenta Air Sparge	al Remediati			•••			Loop Horizont				
3. Feedlo	-				b) Open Loop Surface Discharge Inj. of Water 13. Other (specify):									
4. 🗌 Industr			Recovery		njection									
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:														
				G 🗆 04		C 4	CINIC	T LOINTE				1 🗆 🕾 1 1		
										Glued Clamped				
Casing diameter														
	SCREEN OR					103./	11.	wan unci	KIICSS	of gauge 140	,	,		
☐ Steel		less Steel	☐ Fiber		□ PVC			□ Otl	her (S	Specify)				
☐ Brass	_	anized Steel	Conc	C	_	ised (open l	nole)		101 (1	specify				
_	OR PERFOR				_	(-1	/							
☐ Contir	nuous Slot	☐ Mill Slot	☐ Ga	auze Wrappe	ed 🔲 To	orch Cut] Dri	lled Holes		Other (Specify)				
☐ Louve	red Shutter	☐ Key Punch	ned 🔲 W	ire Wrapped	d 🗆 Sa	w Cut] Noi	ne (Open H	Iole)					
										ft., From				
G)	RAVEL PAC	K INTERV	ALS: Fron	n f	t. to	ft., Fro	m	ft. t	o	ft., From	ft. t	.o ft.		
				ft., From .		ft. to		ft., From		ft. to	ft.			
	rce of possible			_	n. n.									
☐ Septic '			Lateral Line		Pit Privy			ivestock Pe		☐ Insection				
Sewer 1	Lines ight Sewer Lin		Cess Pool Seepage Pit		Sewage La Feedyard			uel Storage ertilizer Sto		☐ Abando				
	Specify)						⊔ ге	erunzer su	ладе	□ Oil we	II/Gas we	11		
										ft.				
10 FROM	TO		ITHOLOG			FROM		TO		HO. LOG (cont.) or		NG INTERVALS		
						Notes:								
11 OOM	D A C/T/C D 1 C	ODIANDO	MAINTEN *	Chrain	TOATTO	T. TPL.	.4.	11 "	_					
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)														
Kancac Wa	urisuicuoii ali ter Well Con	u was compl tractor's Lice	cicu oii (II ense No	io-uay-yea	This W	a ater Well l	nu III Recoi	rd was co	ıs ut mnla	ted on (mo-day y	y Khowie Par)	age and belief.		
Kansas Water Well Contractor's License No														
	under the business name of													
KS Departn	nent of Health a	nd Environment	, Bureau of V	Vater, Geolog	y Section, 10	000 SW Jack	son St	., Suite 420,	Tope	eka, Kansas 66612-136	Telepho	ne 785-296-3565.		
Visit us at h	ttp://www.kdhel	s.gov/waterwel	<u>l/index.html</u>								K	KSA 82a-1212		