KOLAR Document ID: 1386369

LOCATION OF WATER WELL:		R WELL R	ECORD Correction	Form V		Division of Water Resources App. No.			Well ID						
County St. S								11							
Beases Address State ZIP State Z	Count		1/4 1/					T S	F	₹	$\square E \square W$				
Address: Address: Since: Since: JIP. 3. CATE WELL WILL STATE WELL Depth(s) Groundwater Encountered: 1)															
Success Success A Perfit OF COMPLETED WELL: Debts Groundware Encountered: 1 Debts								nection from nearest town or intersection): If at owner's address, check here:							
3. IOCATE WELL WITH "Y" IN SECTION BOX: N SECTION B															
## A DELTH OF CONFELTED WELL: A DEPTH OF CONFELTED WELL: N			1	State:	ZIP:										
Depth(s) Groundwater Incountered: 1		/ DEPTH OF COMPLETED WELL.						ft. 5 Latitude:(decimal degree							
WELL'S STATIC WATER LEVEL			Depth(s) Groundwater Encountered: 1)						— • 6 - • • • • • • • • • • • • • • • • • •						
Delow land surface, measured on (mo-day-yp). GPS (unit make/model		N	2) ft. 3) ft., or 4) \square												
Above land surface, measured on (mo-day-yr). (WAAS enablect? □/vs □/vs □/vs □/vs □/vs □/vs □/vs □/vs)				
SW SS SK Well and SW SK SK SK SK SK SK SK	NW	above land surface							(WAAS enabled? □						
Well water was f. after. house pumping gpm S Both elo Diameter: in. to ft. mt. m															
Section State St	'	Well well							☐ Online Mapper:						
South Green Note Note South Green Note South Green Note Gre	" a								6 Florestions & Council I am						
				91											
Nomestic: S	1		Bore Hole I						Boure		•				
Lawn & Garden Cased Ducased Geotechnical Lawn & Garden Cased Ducased Geotechnical Lawstock S. Monitoring: well ID Ducased Geotechnical Livestock S. Monitoring: well ID Ducased Geotechnical Livestock S. Monitoring: well ID Ducased Geotechnical Vertical Ducased Ducased Ducased Geotechnical Vertical Ducased	1 mmc														
Livestock S. Montioning: well ID 12. Gased Uncased Geotechnical Livestock S. Montioning: well ID 12. Geothermal: how may pores? 3. Freedlot Air Sparge Soil Vapor Extraction Air Sparge Soil Vapor Extraction Dopen Loop Horizontal Vertical Water Vell disinfected? Yes No Other (specify) Montion Notes: Notes Not	1. Domestic: 5. ☐ Public Water Supply: well ID														
Divestock S. Monitoring: well ID Sendormomental Remediation: well Remediation: well ID Sendormomental Remediation: well ID Sendormomental Remediation: well															
2. migation S. Environmental Remediation: well ID															
Mas a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: Water well disinfected? Yes No Water well disinfected? Yes No STYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter in. to ft., Wall thickness or gauge No. in. Weight Steel Staniles Steel Fiberglass PVC Other (Specify) Other (Specify) Staniles Steel Staniles Steel Concrete tile None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: Other (Specify) Oth	2. Irrigat	ion			•										
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: Water well disinfected? Yes No No STYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter in. to ft., Diameter in. to ft. Diameter In. Diameter in. to In. Diameter In. Diameter in. to In. Diameter In. Diameter in. to In. Diameter I				_	Extraction	ı									
STYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter in. to ft. Diameter in. to in. Diameter in. Diameter in. to in. Diameter in. Torch Cut Diameter in. Diameter in. to in. Diameter in. Diam															
STYPE 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 loss./ft. Wall thickness or gauge No. Wall thi					itted to KI	OHE? □	Yes	No	If yes, date	e san	nple was submitte	ed:			
Casing diameter in to ft, Diameter in to ft, Diameter in to ft. Casing height above land surface in Neight bove la					C D Other		С	A CINI	G IOINTS	· 🗆	Glued Clampa	4 🗆 W	aldad	☐ Threaded	
Casing height above land surface														Till caded	
Steel	Casing heig	ht above land s	surface	in	. Weight										
Brass Galvanized Steel Concrete tile None used (open hole)															
SCREEN OR PERFORATION OPENINGS ARE: Continuous Slot Mill Slot Gauze Wrapped Torch Cut Drilled Holes Other (Specify) Other (Specify)					C	_	used (oner	hole)		her (S	Specify)	• • • • • • • • • • • • • • • • • • • •	• • • • • • •		
Louvered Shutter															
SCREEN-PERFORATED INTERVALS: From															
GRAVEL PACK INTERVALS: From															
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From															
Grout Intervals: From															
Septic Tank															
Sewer Lines					_										
Watertight Sewer Lines Seepage Pit Feedyard Fertilizer Storage Oil Well/Gas Well Other (Specify) Direction from well? ft. 10 FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC INTERVALS															
Other (Specify) Direction from well? Distance from well? TO LITHOLOGIC LOG FROM TO LITHOLOGIONTERVALS FROM TO LITHOLOGIONTERVALS Notes: In CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, constructed, 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. This Water Well Record 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. This Water Well Record 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. 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.							agoon							CII	
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)	Other (Specify)														
Notes: Notes						ce from w							CINC	INTEDVALC	
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under my jurisdiction and was completed on (mo-day-year)							11016								
under my jurisdiction and was completed on (mo-day-year)							1								
Kansas Water Well Contractor's License No															
under the business name of	under my j	urisdiction ar	nd was comp	leted on (m	no-day-year) Thic W	ater Well	and the	nis record	18 tru	ie to the best of m	y knov	viedg	e and belief.	
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.	under the business name of														
	Wa D		Send one copy t	o WATER W	ELL OWNER	and retain	one for you	ir recor	ds. Fee of \$5	5.00 f	or each constructed we	ell.	1	705 004 0545	
VISIT US at Http://www.kuncks.gov/waterweh/muex.httml	_				vater, Geology	section, 1	ooo SW Jac	kson S	ot., Suite 420,	Tope	eka, Kansas 66612-136	o/. Telej		785-296-3565. A 82a-1212	