KOLAR Document ID: 1535422

	WELL R			WWC-5 ge in Well Use			ivision of] Well ID		
Original Record Correction Chang 1 LOCATION OF WATER WELL:			Fraction			ection Nu		Township Number Range Numb		nge Number		
County:			1/4 1/4 1/4 1/4			T S			C			
2 WELL OWNER: Last Name: First:						-	Street or Rural Address where well is located (if unknown, distance a					
							irection from nearest town or intersection): If at owner's address, check here:					
Address:							ii nearest to	wir or nic	ersection). If at 6 wife	i b dadiebb,	спеск пеге.	
Address:												
City:			State:	ZIP:								
3 LOCAT		4 DEPTH	OF COV	IPLETED WE	ELL:		ft 5 L	atitude	٠.		(decimal degrees)	
	WITH "A" IN Depth(s) Groundwater I				Encountered: 1) ft.			Longitude:				
					3) ft., or 4) ☐ Dry Well			Datum: WGS 84 NAD 83 NAD 27				
			WELL'S STATIC WATER LEVEL:					·	or Latitude/Longitude		(IID 2)	
		below land surface, measured on (mo-day-yr						G S Cum mane, modern)	
- NW	NE	above land surface, measured on (mo-day-yr					(William entireletti 🗀 1em 🗀 110)			No)		
		Pump test data: Well water was ft.						☐ Land Survey ☐ Topographic Map				
W	E	after hours pumping gpm Well water was ft.						☐ Online Mapper:				
SW	SE	after hours pumping gpm										
		Estimated Yield:gpm				gpin	6 Elevation :ft. ☐ Ground Level ☐ TOC					
	S	Bore Hole Diameter: in. to ft				ft. and				opographic Map		
1 mile				in. to ft					Other			
7 WELL WATER TO BE USED AS:												
1. Domestic: 5. Public Water Supply: well ID												
☐ Housel	: how many wells?				11. Test Hole: well ID							
☐ Lawn ∂				echarge: well ID					d Uncased 🗆			
				g: well ID					nal: how many bores			
2. Irrigati					liation: well ID			a) Closed Loop _ Horizontal Uvertical				
3. ☐ Feedlot ☐ Air Sparge				-				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?												
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded												
Casing diameter												
TYPE OF SCREEN OR PERFORATION MATERIAL:												
☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify)												
□ Brass □ Galvanized Steel □ None used (open hole)												
SCREEN OR PERFORATION OPENINGS ARE:												
☐ Contir	nuous Slot	☐ Mill Slot	☐ Ga	auze Wrapped	□ To	orch Cut 🔲	Drilled He	oles 🗆	Other (Specify)			
☐ Louve	red Shutter	☐ Key Punch	ned 🔲 W	ire Wrapped	☐ Sa	ıw Cut 🔲	None (Op	en Hole	e)			
SCREEN-F	PERFORATE	ED INTERVA	ALS: Fron	n ft. to		ft., From	١	ft. to \dots	ft., From	ft. to) ft.	
G)	RAVEL PAC	CK INTERVA	ALS: Fron	n ft. to		ft., From	1	ft. to	ft., From	ft. to) ft.	
				ft., From		ft. to	ft., F	rom	ft. to	ft.		
	rce of possible			potential source								
☐ Septic '			Lateral Line				Livesto			cide Storage		
Sewer l			Cess Pool Seepage Pit				Fuel Sto			oned Water		
☐ Wateru	ight Sewer Lin	es 🗆 S		☐ Feed	iyaru		☐ Fertilize	er Storag	ge 🔲 On we	ell/Gas Well	ı	
									ft.	_		
10 FROM	ТО		ITHOLOG			FROM	ТО		THO. LOG (cont.) or		IG INTERVALS	
	-							 	() 0			
		· · · · · · · · · · · · · · · · · · ·										
		Notes:										
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)												
Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo-day-year) under the business name of Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.												
ander the D	usiness name	Send one copy to	WATER W	ELL OWNER and	l retain	one for your re	cords. Fee	of \$5.00	for each constructed we	ell.	•••••	
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.												
Visit us at h	ttp://www.kdhe	ks.gov/waterwel	<u>l/index.html</u>							K	SA 82a-1212	