## KOLAR Document ID: 1472466

	WELL R			WWC-5				on of Wat						
		Correction		e in Well Use				rces App. 1			Well ID			
				Fraction	1/		ectio	on Number Township Num T S				nge Number		
County:         1/4         1/4         1/4           2 WELL OWNER: Last Name:         First:         S							01100	T S R B W ral Address where well is located (if unknown, distance and						
								rection from nearest town or intersection): If at owner's address, check here:						
Address:				unection no	cellon nom nearest town of intersection). If at owner 5 address, eneck here.									
Address:														
City:			State:	ZIP:										
3 LOCAT		4 DEPTH	OF COM	IPLETED WEL	L: .		ft.	5 Latit	nde			(decimal degrees)		
WITH "X" IN SECTION BOX:														
	N 2) ft. 3) ft., or 4) $\Box$						Dry Well Datum: WGS 84 NAD 83 NAD 27							
		WELL'S ST		Source for Latitude/Longitude.										
			-yr)											
NW	NE	Pump test da	-yr) ft	······ (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map			NO)							
w	Е	after												
			ft.											
SW	SE	after hours pumping gpm							4:00					
		Estimated Y	<b>C</b> 1	6 Elevation:ft. Ground Level										
1 r	S milo	Bore Hole D		d Source:  Land Survey  GPS  Topographic Other										
		BE USED A		in. to	••••	II.								
1. Domestic:				ter Supply well IF	)			10 🗆 0	il Fie	eld Water Supply: le	ase			
			<ul> <li>5. □ Public Water Supply: well ID</li> <li>6. □ Dewatering: how many wells?</li> </ul>				11. Test Hole: w			well ID				
Lawn a		7. Aquifer Recharge: well ID												
	Livestock 8. Monitoring: well ID													
2. 🗌 Irrigati				al Remediation: we			•			Loop Horizont				
3. $\Box$ Feedlot $\Box$ Air Sparge				-				b) Open Loop $\Box$ Surface Discharge $\Box$ Inj. of Water						
	4. 🗌 Industrial 🔅 Recovery 🗋 Injection 13. 🗋 Other (specify):													
Was a chemical/bacteriological sample submitted to KDHE? $\Box$ Yes $\Box$ No If yes, date sample was submitted:														
						CAS			·.		1 - 37 11			
8 TYPE 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 lbs./ft. Wall thickness or gauge No														
		PERFORAT												
□ Steel		less Steel		D PV	C			🗌 Otl	her (	Specify)				
Brass Galvanized Steel None used (open hole)														
SCREEN OR PERFORATION OPENINGS ARE:														
	nuous Slot	Mill Slot		* *						Other (Specify)				
		Key Punch		**				ne (Open H		ft., From	ft to	ft		
										ft., From				
										·····				
										ft. to		, • • • • • • • • • • • • • • • • • • •		
		e contaminati	on: No	potential source of	con	ntamination	withi	n 200 ft.						
Septic '			Lateral Line					ivestock Pe			cide Storage			
Sewer			Cess Pool					uel Storage			oned Water			
	ight Sewer Lin		eepage Pit	☐ Feedya			_ Fe	ertilizer Sto	orage	e 🗌 Oil We	ll/Gas Well			
										ft.				
10 FROM	ТО		ITHOLO		11 VV	FROM		ТО		THO. LOG (cont.) or		GINTERVALS		
	-							-						
						Notes:								
11 CONT														
under my i	<b>11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was a constructed, a 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 Wa	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 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.														
		ks.gov/waterwel			n, 10	JUU J W JACKS	on st	., Suite 420,	, rope			SA 82a-1212		