WELL ID

KOLAR DOC ID_

WATER WELL RECORD (WWC-5)

Latitude Latitude	Longitude	S	ection	Township	Range	E W Fraction	1/4	1/4	1/4	
Datum	Elevation		County	Township	Runge	Willaction	,-			
VATER WELL OWNER	Die vation		ATER USE			PERMIT & ID NUMBER	S (AS REOLLI	IRED)		
Name			AILNOSL							
Business				N		DWR Application No.:				
<u> </u>		Depth of well: ft.				KDHE / EPA Project Code:				
Address						Site Name:				
		 	well			KDHE UIC Class V Form Completed: Yes No				
Well location			well:	ft.	County Permit: Yes No Permit ID:					
at owner's	1 1	sured below mm/dd/yy):	land surface		Lease Name & Well #:					
address	mea	sured above	land surface	# of boreholes: # of dewatering wells:						
		on (mm/dd/yy):			# of dewatering wells				
CASING		GROUT	& PLUGGIN	G MATERIALS						
Type of blank casing used:		Grout or Plugging								
Casing type details:		_ i1	interval (ft.)			Description				
Blank casing diameter:	inches	Fron	n To	,						
Was casing removed?	Yes No									
Top of casing is currently _	feet									
	ground									
Reason required if top of ca										
feet below ground surface f less than 3 feet below ground	•									
types of wells.	na sarrace for an other									
		COMME	NTS							
CONTRACTOR'S OR LAND										
This water well was plug					_		-			
record is true to the best										
.1 6.1. 1						License No.				
authority of the designar	ted person as defined	in K.A.R. 28	-30-2(j) an	d signed and certif	ied by the el	ectronic signature of th	e designated	1		
person at its submittal										

Send one copy to WATER WELL OWNER and retain one for your records.



WATER WELL R		1 ** ** C-3		ivision of Water		W II II					
		ange in Well Use		sources App. No.		Well ID					
1 LOCATION OF W.	Fraction		ection Number	Township Number T S	<u>o</u>						
2 WELL OWNER: La Business:	ast Name:	First:		lirection from nearest town or intersection): If at owner's address, check here:							
Address:			direction from	ection from heatest town of intersection). If at owner's address, check here.							
Address:											
City:	State:	ZIP:									
3 LOCATE WELL	4 DEPTH OF CO	OMPLETED WELL:		ft. 5 Latitud	e:	(decimal degrees)					
WITH "X" IN		er Encountered: 1)									
SECTION BOX:		3) ft., or 4)		Ory Well Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27							
		VATER LEVEL:		Source for	or Latitude/Longitude:	_					
		ace, measured on (mo-da			GPS (unit make/model:)						
NW NE		ice, measured on (mo-day I water was			(WAAS enabled? ☐ Y						
W E	_	ours pumping			d Survey Topograph						
		ll water was			me mapper						
SW SE		ours pumping									
	Estimated Yield:				6 Elevation:ft. Ground Level TOC						
S		in. to		Source: ☐ Land Survey ☐ GPS ☐ Topographic M ☐ Other							
mile		in. to	ft.	L	Oulei						
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID											
Domestic: Household		water Supply: well ID ring: how many wells? .									
Lawn & Garden		Recharge: well ID									
Livestock		ring: well ID			12. Geothermal: how many bores?						
2. ☐ Irrigation		ental Remediation: well			a) Closed Loop Horizontal Vertical						
3. ☐ Feedlot	☐ Air Spa	irge 🔲 Soil Vapoi	Extraction		b) Open Loop Surface Discharge Inj. of Water						
4. Industrial	☐ Recove	ry Injection		13. 🗌 Othe	r (specify):						
Was a chemical/bacter	iological sample sul	bmitted to KDHE?] Yes □ No	If yes, date sa	ample was submitted:						
Water well disinfected?	☐ Yes ☐ No			•	•						
8 TYPE OF CASING	USED: ☐ Steel ☐ 1	PVC Other	CAS	ING JOINTS: [☐ Glued ☐ Clamped [☐ Welded ☐ Threaded					
Casing diameter											
Casing height above land s			lbs./ft	. Wall thickne	ess or gauge No						
TYPE OF SCREEN OR				П	(5 10)						
		berglass PVC			(Specify)	• • • • • • • • • • • • • • • • • • • •					
☐ Brass ☐ Galv SCREEN OR PERFORA			used (open ho	oie)							
			Forch Cut	Drilled Holes	Other (Specify)						
	☐ Key Punched ☐			None (Open Hole							
SCREEN-PERFORATE						ft. to ft.					
GRAVEL PAC	CK INTERVALS: Fi	rom ft. to	ft., From	ft. to	ft., From	ft. to ft.					
9 GROUT MATERIA											
Grout Intervals: From	ft. to										
Nearest source of possible			_								
☐ Septic Tank	Lateral L			Livestock Pens		S					
☐ Sewer Lines ☐ Watertight Sewer Lin	☐ Cess Poo			☐ Fuel Storage ☐ Fertilizer Storag		ed Water Well					
Other (Specify)				_ rerunzer Storaș	ge 🔲 On wen/	Jas Well					
Direction from well?					ft.						
10 FROM TO		OGIC LOG	FROM			LUGGING INTERVALS					
	Notes:										
11 CONTRACTORIC OR LANDOWNIEDIS CERTIFICATION. 71.											
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 Con	iu was completed Off tractor's License No	Thic W	and Zater Well Ra	e ans record is t	ine to the best of fifty b leted on (mo-day-year	r)					
under the business name	e of			-							
	Send one copy to WATEF	R WELL OWNER and retain	n one for your re	cords. 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.											