KOLAR Document ID: 1472117

WATER				WWC-5		vision of Wat			Well ID			
Original Record Correction Change in Well Use 1 LOCATION OF WATER WELL: Fraction					II			ige Number				
I LOCATION OF WATER WELL:FractionCounty: $\frac{1}{4}$ $\frac{1}{4}$						T S R \square E \square W						
		-4 NT				reet or Rural Address where well is located (if unknown, distance and						
						rection from nearest town or intersection): If at owner's address, check here:						
	Address:						rection from hearest town of intersection). If at owner's address, check here.					
Address:												
City:			State:	ZIP:								
3 LOCATE	E WELL				C.							
4 DEPTH OF COMPLETED WEL												
SECTION	SECTION BOX: Depth(s) Groundwater Encountered: 1)						Longitude:(decimal degrees) Datum: WGS 84 NAD 83 NAD 27					
Ν	$\begin{array}{c} \text{SECTION BOX.} \\ \text{N} \end{array} \qquad \begin{array}{c} 2) \dots \dots \dots \dots \text{ft.} 3) \dots \dots \dots \dots \text{ft., or } 4) \\ \text{WELL'S STATIC WATER LEVEL: } \dots \dots \dots \end{array}$									AD 27		
							e/Longitude:					
		 below land surface, measured on (mo-day-yr) above land surface, measured on (mo-day-yr) 					\Box GPS (unit make/model:)					
NW	NE			ater was			(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map					
	E	~	s pumping									
W		unterim		vater was		Online Mapper:						
SW	SE	after	after hours pumping									
		Estimated Yield:gpm			or	6 Elevation:ft. Ground Level						
S				in. to	ft. and	Source: Land Survey GPS Topographic M			opographic Map			
1 mi	ile	in. to				□ Other						
7 WELL WATER TO BE USED AS:												
1. Domestic: 5. Dublic Water Supply: well ID 10. Oil Field Water Supply: lease												
☐ Household 6. ☐ Dewatering: how many wells?								D				
🗌 Lawn &	Lawn & Garden 7. 🗌 Aquifer Recharge: well ID							ncased 🗌 🖯				
Livestoc	Livestock 8. Monitoring: well ID							many bores				
2. 🗌 Irrigatio							a) Closed Loop 🔲 Horizontal 🔲 Vertical					
3. 🗌 Feedlot						b) Open Loop 🔲 Surface Discharge 🔲 Inj. of Water						
4. 🗌 Industria	al		Recovery	Injection		13. 🗌 Other (specify):						
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:												
Water well disinfected? \square Yes \square No												
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 Ibs./ft. Wall thickness or gauge No												
TYPE OF SCREEN OR PERFORATION MATERIAL:												
$\Box \text{ Steel} \qquad \Box \text{ Stainless Steel} \qquad \Box \text{ PVC} \qquad \Box \text{ Other (Specify)} \dots \dots$												
□ Brass □ Galvanized Steel □ None used (open hole)												
SCREEN OR PERFORATION OPENINGS ARE:												
□ Continuous Slot □ Mill Slot □ Gauze Wrapped □ Torch Cut □ Drilled Holes □ Other (Specify)												
\Box Louvered Shutter \Box Key Punched \Box Wire Wrapped \Box Saw Cut \Box None (Open Hole)												
				n ft. to				t., From	ft. to	ft.		
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft.												
				Cement grout B								
				ft., From								
Nearest sour				potential source of con								
Septic T			Lateral Line			Livestock Pe	ens	□ Insectic	ide Storage			
Sewer L			Cess Pool	Sewage La	agoon 🗌	Fuel Storage		Abando				
	ght Sewer Lin			Feedyard		Fertilizer Sto		🗌 Oil Wel				
Other (Specify)												
Direction from well? ft.												
10 FROM	TO	L	ITHOLO	GIC LOG	FROM	ТО	LITHO. LO	OG (cont.) or	PLUGGIN	G INTERVALS		
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) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No												
Kansas Wate	er Well Con	tractor's Lice	ense No	This W	ater Well Red	cord was con	mpleted on	(mo-day-ye	ar)			
under the bu	isiness name	of	***		<u></u>	·····						
KC Domonton				ELL OWNER and retain						785 206 2545		
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 http://www.kdbeks.gov/waterwell/index.html												