KOLAR Document ID: 1515428

	WELL R			WWC-5		vision of Wat					
		Correction		ge in Well Use		ources App.			Well ID		
				Fraction				Township Numb		ige Number	
County: 1/4 1/4 1/4 2 WELL OWNER: Last Name: First: First:						1 4 1 1					
2 WELL Business:		ast Name:		First:		treet 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:					direction from	ection from hearest town of intersection). If at owner's address, check here.					
Address:											
City:		1	State:	ZIP:							
3 LOCATE WELL WITH WY N 4 DEPTH OF COMPLETED WELL:						t. 5 Latif	nde.			(decimal degrees)	
	WITH "X" IN SECTION BOX:						Longitude:				
	2) ft. 3)				Dry Well			WGS 84 🗌 NAI		NAD 27	
	· · · · · · · · · · · · · · · · · · ·	WELL'S ST					Latitude/Longitude				
				-yr)		GPS (unit make/model:)					
NW	NE	Pump test d		yr) t			WAAS enabled?		lo)		
w	K E	~	hours				Survey 🗌 Topogra				
			Well water was ft.				Online Mapper:				
SW	SE		after hours pumping gpn			6 Elow	6 Flowation: ft Ground Level GTOC				
		Estimated Yield:gpm			c 1		6 Elevation:ft. □ Ground Level □ TOC Source: □ Land Survey □ GPS □ Topographic Map				
	S milo	Bore Hole I	Bore Hole Diameter: in. to			Other					
7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID 10. Oil Field Water Supply: lease 											
			6. □ Dewatering: how many wells?			11. Test Hole: well ID					
			7. Aquifer Recharge: well ID				Cased Uncased Geotechnical				
	Livestock 8. Monitoring: well ID										
	. Irrigation 9. Environmental Remediation: well ID						a) Closed Loop Horizontal Vertical				
3. Feedlot Air Sparge									e Discharge 🔲 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:											
Water well disinfected? Yes No											
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter											
Casing height above land surface in. Weight Ibs./ft. Wall thickness or gauge No.											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
□ Steel □ Stainless Steel □ PVC □ Other (Specify)											
□ Brass □ Galvanized Steel □ None used (open hole)											
SCREEN OR PERFORATION OPENINGS ARE:											
Continuous Slot I Mill Slot Gauze Wrapped Torch Cut I Drilled Holes Other (Specify)											
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) SCREEN-PERFORATED INTERVALS: From											
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft. to ft.											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Intervals: From ft. to ft., From ft. to ft. from ft. o											
		e contaminati	on: No	potential source of con	tamination w	ithin 200 ft.					
□ Septic			Lateral Line	es 🗌 Pit Privy		Livestock P			ide Storage		
Sewer			Cess Pool	Sewage La		Fuel Storage			oned Water		
	ight Sewer Lir			☐ Feedyard		Fertilizer St	orage	∐ Oil We	ll/Gas Well		
☐ Other (Specify) Direction from well? ft.											
10 FROM	TO		ITHOLOG		FROM	ТО		HO. LOG (cont.) or		G INTERVALS	
-								× /			
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	├				Na4a						
	Notes:										
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged											
under my j	urisdiction ar	nd was compl	eted on (n	no-day-year)	and	this record	is tru	e to the best of my	y knowled	ge and belief.	
Kansas Wa	ter Well Cor	tractor's Lice	ense No	This Wa	ater Well Re	cord was co	mple	ted on (mo-day-ye	ear)		
under the b	usiness name	e of		ELL OWNER and retain		orda Eaf^	5.00.0	or analy constant of a	 11	<u></u>	
KS Departr										e 785-296-3565.	
-	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.kdheks.gov/waterwell/index.html KSA 82a-1212										