KOLAR Document ID: 1550607

WATER WELL RECORD Form WWC-5 Dir							W 11 ID		
		ge in Well Use		sources App. 1		T 1' N 1	Well ID		
1 LOCATION OF V	VATER WELL:	Fraction		ection Numb	er	Township Numl		inge Number	
County:	1/4 1/4 1/4			1	T S	R	□ E □ W		
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:									
Business: direction from nearest town or intersection): If at owner's address, check here:									
Address:									
City:	State:	ZIP:							
3 LOCATE WELL	4 DEPTH OF COM		ft 5 T atit	do.			(1 ' 11)		
WITH "X" IN	Depth(s) Groundwater				t. 5 Latitude:				
SECTION BOX:		2) ft. 3) ft., or 4) ☐ Dry Wel				e: WGS 84 □ NA			
N	WELL'S STATIC WA				Latitude/Longitude		NAD 21		
	☐ below land surface.				nit make/model: .)		
NW - X - NE	☐ above land surface,			· (WAAS enabled? ☐ Yes ☐ No)					
	Pump test data: Well w			☐ Land Survey ☐ Topographic Map					
W E	after hours			Online Mapper:					
SW SE	Well w								
	after hours pumping gpm Estimated Yield:gpm			6 Elevation:ft. ☐ Ground Level ☐ TOC					
S	Bore Hole Diameter: in. to ft. ar				Source: Land Survey GPS Topographic Map				
mile				Other					
7 WELL WATER TO BE USED AS:									
1. Domestic:		ater Supply: well ID		. 10. □ 0	il Fiel	ld Water Supply: 1	ease		
☐ Household	6. ☐ Dewaterin		11. Test Hole: well ID						
Lawn & Garden	7. ☐ Aquifer R			☐ Cased ☐ Uncased ☐ Geotechnical					
☐ Livestock	8. Monitorin		. 12. Geot	12. Geothermal: how many bores?					
2. Irrigation	9. Environmenta) Extraction		a) Closed Loop _ Horizontal Uvertical					
3. ☐ Feedlot	☐ Air Sparge		b) Open Loop						
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? Yes No									
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other									
Casing diameter									
Casing height above land surface									
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 ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)									
☐ Continuous Stot ☐ Mili Stot ☐ Gauze Wrapped ☐ Total Cut ☐ Diffied Holes ☐ Other (Specify)									
SCREEN-PERFORATED INTERVALS: From ft., From ft., From ft., From ft. to ft.									
GRAVEL PACK INTERVALS: From									
9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other.									
Grout Intervals: From									
	ole contamination: No								
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage									
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well									
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well									
☐ Other (Specify) Direction from well? ft.									
10 FROM TO	LITHOLOG		FROM			П НО. LOG (cont.) о		NC INTEDVALE	
IU FROM TO	LITHOLOG	GIC LUG	FROM	10	LIII	HO. LOG (cont.) c	FLUGGII	NUTIVIERVALS	
			1						
			+						
			Notes:	1	<u> </u>				
	110005								
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 nam	ne of								
KS Department of Hoolsh	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 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									
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