KOLAR Document ID: 1459091

WATER WELL RECORD Form WWC-5				ision of Water								
Original Record Correction Change in Well Use			Resources App. No. Well ID Section Number Township Number Range			ao Numbor						
1 LOCATION OF WATER WELL: County:Fraction1/41/41/41/4				ion Number Township Number Range Number T S R \Box E \Box W								
2 WELL OWNER: L	ast Name:		Rural Address where well is located (if unknown, distance and									
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:												
Address:												
Address:												
City:	State:	ZIP:										
3 LOCATE WELL	4 DEPTH OF O	COMPLETED WELL:	: ft.	5 Latitu	de:		(decimal degrees)					
WITH "X" IN SECTION BOX:	Depth(s) Groundw	ater Encountered: 1)	ft.	Longitude:(decimal degrees)								
N SECTION BOX.		t. 3) ft., or 4)		Datum: WGS 84 NAD 83 NAD 27								
		WATER LEVEL:		Source	for Latitude/Longitude							
		rface, measured on (mo-da			GPS (unit make/model:)							
NW NE	above land sur		(WAAS enabled? Yes No)									
		ell water was		\Box Land Survey \Box Topographic Map								
W E		Vell water was		Online Mapper:								
SW SE		nours pumping										
	Estimated Yield: .	or or	6 Elevation:ft. Ground Level TOC									
S		er: in. to	ft. and	Source: Land Survey GPS Topographic Map								
1 mile	in. to ft.											
7 WELL WATER TO BE USED AS:												
1. Domestic: 5. □ Public Water Supply: well ID □ Household 6. □ Dewatering: how many wells?												
Household			11. Test Hole: well ID									
Lawn & Garden	-	er Recharge: well ID			Cased Uncased Geotechnical							
☐ Livestock 2. ☐ Irrigation		toring: well ID			12. Geothermal: how many bores?							
3. Feedlot					a) Closed Loop Horizontal Vertical b) Open Loop Surface Discharge Inj. of Water							
4. \Box Industrial \Box Recovery \Box Injection				13. \Box Other (specify):								
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:												
Was a chemical bacteriological sample submitted to \mathbf{KDHE} ? \Box fes \Box No \Box yes, date sample was submitted:												
8 TYPE OF CASING		$PVC \square Other$	CASIN	JG IOINTS	□ Glued □ Clampe	d 🗆 Welder	1 🗆 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												
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)												
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)												
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft. to ft.												
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft. to ft.												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other												
Grout Intervals: From												
Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage												
Sewer Lines	Cess P			Fuel Storage		oned Water						
		e Pit 🗌 Feedyard		Fertilizer Stor		ell/Gas Well						
□ Other (Specify)												
Direction from well? ft.												
10 FROM TO	LITHO	LOGIC LOG	FROM	TO	LITHO. LOG (cont.) o	r PLUGGIN	G INTERVALS					
├												
<u>├</u>			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 This Water Well Record was completed on (mo-day-year)												
under the business name of												
Send one copy to WATER WELL OWNER and retain one for your records. 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.												
		a or matter, ocology section,	1000 DW JACKSOII	5, 5une 420, 1	Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212							