KOLAR Document ID: 1475414

			WWC-5		vision of Wat			Well ID		
Original Record Correction Chang LOCATION OF WATER WELL:			ge in Well Use Fraction	ources App. 1				ge Number		
$\begin{array}{c} 1 \text{LOCATION OF WATER WELL:} \\ \text{County:} 1/4 1$						$\begin{array}{c c} T & S & R & \Box E \Box W \end{array}$				
County: 1/4 1/4 1/4 I T S R E 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance										
Business:		irection from nearest town or intersection): If at owner's address, check here:								
Address:										
Address:										
City:		State:	ZIP:							
3 LOCATE WELL WITH "X" IN	4 DEPTH	OF CON	IPLETED WELL:	f	5 Latitude:					
SECTION BOX:	Depth(s) G			Long	Longitude:(decimal degrees)					
N			Dry Well		Datum: WGS 84 NAD 83 NAD 27					
	WELL'S S'		It. -yr)			Latitude/Longitude:				
NW -X NE			-yı) -yr)			unit make/model:				
INW - Z -N INE	Pump test d				(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map					
w		after hours pumping gpm				□ Online Mapper:				
SW SE		Well water was ft.								
3W 3E		after hours pumping gpm Estimated Yield:gpm				ation	· ft	Ground		
S	Bore Hole		ft and	6 Elevation:ft. □ Ground Level □ TOC Source: □ Land Survey □ GPS □ Topographic Map						
1 mile	Dole noie			<u></u>						
1 mile in. to ft. 7 WELL WATER TO BE USED AS:										
1. Domestic: 5. □ Public Water Supply: well ID 10. □ Oil Field Water Supply: lease										
Household	Household 6. Dewatering: how many wells?					11. Test Hole: well ID				
🗌 Lawn & Garden	7. 🗆	Aquifer R				Uncased C				
Livestock						al: how many bores				
2. Irrigation			D			Loop Horizonta				
 ∃ Feedlot Industrial 		☐ Air Sparge ☐ Soil Vapor Extrac ☐ Recovery ☐ Injection				b) Open Loop □ Surface Discharge □ Inj. of Water 13. □ Other (specify):				
Was a chemical/bacteriological sample submitted to KDHE? \Box Yes \Box No If yes, date sample was submitted:										
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter										
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										
GRAVEL PACK INTERVALS: From										
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Other										
Grout Intervals: From										
Nearest source of poss			potential source of con							
Septic Tank		Lateral Line			Livestock P		Insectic	ide Storage		
Sewer Lines Cess Pool Sewage Lagoon Fuel Storage Abandoned Water Well										
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well										
Direction from well? ft.										
10 FROM TO		ITHOLO		FROM	ТО		HO. LOG (cont.) or	PLUGGIN	GINTERVALS	
10	1									
						<u> </u>				
				Notes:						
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged										
			S CERTIFICATION							
Kansas Water Well C	Contractor's Lic	ense No.		ater Well Re	cord was co	mple	ted on (mo-dav-ve	ear)		
under the business na	me of									
	Send one copy t	o WATER W	/ELL OWNER and retain	one for your rec	ords. Fee of \$	5.00 fe	or each constructed we	11.		
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										