## KOLAR Document ID: 1563868

WATER W				<b>WWC-5</b> e in Well Use			sion of Wat			Well ID		
Original Record Correction Chang     LOCATION OF WATER WELL:						ction Number Township Nun				ge Number		
County:					1⁄4	1/4	uon i vuino	1 0			$\Box E \Box W$	
2 WELL OWNER: Last Name: First: S						Street or Rural Address where well is located (if unknown, distance and lirection from nearest town or intersection): If at owner's address, check here:						
City:		1	State:	ZIP:								
3 LOCATE W WITH "X" I	:	ft.	5 Latit	ude:			(decimal degrees)					
SECTION B		Depth(s) Groundwater Encountered: 1)					Longitude:(decimal degrees)					
N		2) ft. 3) ft., or 4) □ Dry V WELL'S STATIC WATER LEVEL:					Datum: 🗌 WGS 84 🔲 NAD 83 🔲 NAD 27					
		below land surface, measured on (mo-day-yr)							Latitude/Longitude: unit make/model:		)	
NW N	VE	above land surface, measured on (mo-day-yr)							WAAS enabled?			
	ļ	Pump test data: Well water was ft.					□ Land Survey □ Topographic Map					
w X	E	atter	after hours pumping gpr Well water was ft.					Online Mapper:				
SW S	CW CE				pumping gpm							
	Estimated Yield:gpm				1	6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map						
S		Bore Hole Diameter: in. to f				and						
7 WELL WATER TO BE USED AS:												
1. Domestic:	5. 🗆	Public Wa	ter Supply: well ID .									
Household		6. Dewatering: how many wells?										
			<ul> <li>7. ☐ Aquifer Recharge: well ID</li> <li>8. ☐ Monitoring: well ID</li> </ul>				Cased Uncased Geotechnical 12. Geothermal: how many bores?					
2. Irrigation	- 2				Remediation: well ID			a) Closed Loop 🗌 Horizontal 🗌 Vertical				
3. EFeedlot				-				b) Open Loop 🗌 Surface Discharge 🔲 Inj. of Water				
4. Industrial Recovery Injection 13. Other (specify):												
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:												
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 lbs./ft. Wall thickness or gauge No												
TYPE OF SCREEN OR PERFORATION MATERIAL:         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)												
Louvered SCREEN-PER					Saw Cut		one (Open I ft t			ft to	ft	
SCREEN-PERFORATED INTERVALS:         From         ft. to         ft. to												
9 GROUT MATERIAL:  Neat cement Cement grout Bentonite Other												
Grout Intervals: From												
Septic Tank			ateral Line				hin 200 ft. Livestock Pe	ens	□ Insectic	ide Storage		
Sewer Lines			Cess Pool		Lagoon		Fuel Storage	e	Abando	oned Water		
U Watertight				☐ Feedyard			Fertilizer Sto	orage	□ Oil We	ll/Gas Well		
Direction from well? ft.												
	ТО		ITHOLOG			ROM	ТО		HO. LOG (cont.) or	PLUGGIN	G INTERVALS	
<u>├</u>						otes:						
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												
under my jurisc	liction an	d was compl	eted on (n	no-day-year)	Watar W	and t	this record	is tru	te to the best of my	y knowledg	ge and belief.	
under the business name of         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.												
Visit us at http://v				valer, Geology Section,	1000.2.W	Jackson	si., suite 420.	, 10pe	xa, Nalisas 00012-136		A 82a-1212	