## KOLAR Document ID: 1491064

				WWC-5		ision of Wat			Well ID		
	Original Record   Correction   Change in Well Use     I   LOCATION OF WATER WELL:   Fraction					ources App. 1 ction Numb		Township Numbe		ige Number	
County: $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$						$\begin{array}{c c} T & S & R & \Box E \Box W \end{array}$					
	OWNER: 1	ast Name:			<sup>1</sup> / <sub>4</sub> Street or Ru	eet or Rural Address where well is located (if unknown, distance and					
Business:						rection from nearest town or intersection): If at owner's address, check here:					
Address:											
Address: City:			State:	ZIP:							
3 LOCAT	E WELL			<b>I</b>	0		_				
	WITH "X" IN 4 DEPTH OF COMPLETED WELL:										
	<b>SECTION BOX:</b> Depth(s) Groundwater Encountered: 1) 2) ft. 3) ft., or 4) $\Box$										
r	N WELL'S STATIC WATER LEVEL:										
			yr)		GPS (unit make/model:)						
NW	NE, -		□ above land surface, measured on (mo-day-yr). Pump test data: Well water was ft.				(WAAS enabled? ☐ Yes ☐ No)				
		-	ata: Well v			Land Survey Topographic Map					
W	E	and	Well v		Online Mapper:						
SW	SE	after	hour	gpm							
		Estimated Y			6 Elevation:ft.  Ground Level  TOC						
	S nilo	Bore Hole D			Source: Land Survey GPS Topographic Map Other						
Image:											
7 WELL WATER TO BE USED AS:     1. Domestic:   5.      Public Water Supply: well ID     10.      Oil Field Water Supply: lease											
	☐ Household 6. ☐ Dewatering: how many wells?										
□ Lawn & Garden 7. □ Aquifer I				echarge: well ID		Cased Uncased Geotechnical					
	Livestock 8. Monitoring: well ID						12. Geothermal: how many bores?				
2. 🗌 Irrigati				al Remediation: well ID			a) Closed Loop				
	3. Feedlot Air Sparge Soil Vapor Ex   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? $\Box$ Yes $\Box$ No											
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   Steinless 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., From ft. to ft.											
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft. to ft.											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
		le contaminati		potential source of cont			1	11. 10	II.		
			Lateral Line			Livestock P	ens	☐ Insectic	ide Storage		
□ Sewer			Cess Pool	🗌 Sewage Lag		Fuel Storage		Abando			
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well											
Direction from well? ft.											
10 FROM	TO		ITHOLO		FROM	ТО		O. LOG (cont.) or	PLUGGIN	G INTERVALS	
							<u> </u>				
					Notor						
					Notes:						
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged											
under my j	urisdiction a	nd was compl	eted on (n	no-day-year)	and	this record	is true	to the best of my	knowled	ge and belief.	
Kansas Wa	ter Well Con	ntractor's Lice	ense No	This Wa	ter Well Rec	cord was co	mplete	ed on (mo-day-ye	ar)		
	usiness nam	Send one copy to	WATER W	/ELL OWNER and retain o	ne for your reco	ords. Fee of \$	 5.00 for	each constructed wel	 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 h	ttp://www.kdho	eks.gov/waterwel	l/index.html						KS	SA 82a-1212	