KOLAR Document ID: 1470624

WATER WELL R			WWC-5			sion of Wate						
Original Record			ge in Well Use			urces App. N			Well ID			
1 LOCATION OF W	ATER WEL	L:	Fraction	., .,		tion Numbe	er	Township Numb		nge Number		
County:				1/4 1/4		1 4 1 1	1	T S	R			
						treet or Rural Address where well is located (if unknown, distance and						
Business: Address:												
Address:												
City:	1	State:	ZIP:			1						
3 LOCATE WELL WITH (37) N 4 DEPTH OF COMPLETED WELL: ft.										(decimal degrees)		
WITH "X" IN	Depth(s) Groundwater Encountered: 1) ft.					ft. 5 Latitude:(decimal degrees) Longitude:(decimal degrees)						
SECTION BOX: N		2) ft. 3) ft., or 4) 🗌 Dry Well					n: 🗌	WGS 84 🗌 NAI		NAD 27		
		WELL'S STATIC WATER LEVEL: ft.					Source for Latitude/Longitude:					
		 below land surface, measured on (mo-day-yr) above land surface, measured on (mo-day-yr) 										
NW NE		Pump test data: Well water was ft.					(WAAS enabled? Yes No)					
W E	~	after hours pumping						□ Land Survey □ Topographic Map □ Online Mapper:				
		Well water was ft.										
SW SE		after hours pumping gpm						. f.				
		Estimated Yield:gpm						6 Elevation :ft. □ Ground Level □ TOC <u>Source</u> : □ Land Survey □ GPS □ Topographic Map				
S	Bore Hole L	Bore Hole Diameter: in. to ft. and										
1 mile in. to ft. Uther 7 WELL WATER TO BE USED AS:												
1. Domestic:			ater Supply: well ID .			10. □ Oi	il Fie	ld Water Supply: le	ease			
Household			ig: how many wells?					well ID				
Lawn & Garden	7. 🗖	7. 🗍 Aquifer Recharge: well ID					Cased Uncased Geotechnical					
Livestock		8. Monitoring: well ID					12. Geothermal: how many bores?					
2. \Box Irrigation		9. Environmental Remediation: well ID					a) Closed Loop Horizontal Vertical					
 3. ☐ Feedlot 4. ☐ Industrial 		 ☐ Air Sparge ☐ Soil Vapor Extraction ☐ Recovery ☐ Injection 						b) Open Loop □ Surface Discharge □ Inj. of Water 13. □ Other (specify):				
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:												
Water well disinfected? Ves 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 □ 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., From 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 ft. to ft., From ft. to ft., From ft. to ft.												
Nearest source of possible			potential source of co						1.0			
☐ Septic Tank ☐ Sewer Lines		Lateral Line Cess Pool	es ☐ Pit Privy ☐ Sewage I			Livestock Pe Fuel Storage			cide Storage oned Water			
☐ Sewer Lines ☐ Watertight Sewer Lines		leepage Pit				Fertilizer Sto			ll/Gas Well			
□ Other (Specify)												
Direction from well?												
10 FROM TO	L	ITHOLOG	GIC LOG	FR	DM	TO	LIT	HO. LOG (cont.) or	PLUGGIN	GINTERVALS		
				Not	es:	I						
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged												
under my jurisdiction at	OK LAND	eted on (m	5 CEKTIFICATIC no-day-year)	JN: This	water	well was his record i	_ CO	instructed, \square reco	nstructed,	or \square plugged		
Kansas Water Well Con	itractor's Lice	ense No		Vater We	ll Reco	ord was cor	nple	ted on (mo-dav-ve	ear)			
under the business name	e of											
	Send one copy to	WATER W	/ELL OWNER and retai	n one for y	our reco	rds. Fee of \$5	5.00 fe	or each constructed we	211.			
KS Department of Health a Visit us at <u>http://www.kdhe</u>				1000 SW J	ackson S	st., Suite 420,	rope	ка, Kansas 66612-136		e 785-296-3565. SA 82a-1212		
* ion us at <u>imp.//www.Kull</u>	Ko.gov/ water wel	/ muex.mum							17)	511 04u 1414		