KOLAR Document ID: 1440674

	WELL R			WWC-5 e in Well Use		vision of Wat			Well ID		
Original Record Correction I LOCATION OF WATER WELL:				Fraction		Resources App. No Section Number		Township Numbe		ige Number	
County: $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$						$\begin{array}{c} \text{T} \text{S} \text{R} \square \text{ E} \ \square \text{W} \\ \end{array}$					
2 WELL	st Name:		First:	Street or Ru	treet or Rural Address where well is located (if unknown, distance and						
Business:					direction from	rection from nearest town or intersection): If at owner's address, check here:					
Address: Address:											
City: State: ZIP:											
3 LOCATE WELL WITH WY N 4 DEPTH OF COMPLETED WELL:						t 5 Latit	tudo:			(decimal degraes)	
	WITH "A" IN Depth(s) Groundwater Encountered: 1)						5 Latitude:(decimal degrees) Longitude:(decimal degrees)				
	2) ft. 3) ft., or 4					Datu	Datum: WGS 84 NAD 83 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) 						unit make/model:			
X - NW	NE	Pump test data: Well water was ft. after hours pumping gpm					(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map				
w	Е						Online Mapper:				
SW	I SE	Well water was ft.									
	<u>SL</u>	after hours pumping gpm					6 Elevation:ft. Ground Level TOC				
S		Estimated Yield:gpm Bore Hole Diameter:in. to ft. a				Source: Land Survey GPS Topographic Map					
1 m		in. to ft.				□ Other					
7 WELL WATER TO BE USED AS:											
1. Domestic: 5. Public Water Supply: well ID 											
Househ						11. Test Hole: well ID					
					e: well ID			al: how many bores			
2. Irrigatio							a) Closed Loop 🔲 Horizontal 🗌 Vertical				
					Extraction						
4. Industrial Recovery Injection 13. Other (specify):											
Was a chemical/bacteriological sample submitted to KDHE? \Box Yes \Box No If yes, date sample was submitted:											
Water well disinfected? Yes No											
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter											
Casing height above land surface in. Weight Ibs./ft. Wall thickness or gauge No											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
□ Steel □ Stainless Steel □ Fiberglass □ PVC □ Other (Specify)											
Brass Galvanized Steel Concrete tile 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. to ft., From ft. to ft.											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
				ft., From potential source of co			n	ft. to	ft.		
Septic T		e contaminati	Lateral Line			Livestock P	Pens	☐ Insectic	ide Storage		
Sewer L			Cess Pool	□ Sewage L		Fuel Storag					
	ght Sewer Lin		leepage Pit			Fertilizer St	torage	e 🗌 Oil Wel	l/Gas Well		
Direction from well? ft.											
10 FROM	TO		ITHOLOG		FROM	ТО		THO. LOG (cont.) or	PLUGGIN	GINTERVALS	
					- 100.1						
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├							<u> </u>				
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+					Notes:	<u>I</u>	1				
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)											
under my ju Kansas Wat	risdiction an	u was compl	etea on (n	no-day-year) 	ater Well Re	unis record	18 tru mnle	ue to the best of my	/ Knowledg	ge and belief.	
under the bu	isiness name	of		····· 11115 W				······································	·····		
	5	Send one copy to	WATER W	ELL OWNER and retain	one for your red	ords. Fee of \$	\$5.00 f	for each constructed wel	1.		
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											