KOLAR Document ID: 1488825

WATER WELL RECORD Form WWC-5 Original Record Correction Change in Well Use						Division of Water Resources App. No] Well ID		
1 LOCATION OF WATER WELL:			Fraction			ion Number			ige Number		
County:			*****	1/4 1/4			T S	R	$\Box E \Box W$		
2 WELL OWNER: Last Name: First:						Street or Rural Address where well is located (if unknown, distance and					
Business:						direction from nearest town or intersection): If at owner's address, check here:					
Address: Address:	Address: Address:										
City:			State:	ZIP:							
	OCATE WELL A DEPTH OF COM			IPLETED WELL: ft.			5 I atitu	da.		(1. ' 1.1)	
	WITH "A" IN Donth(s) Groundwater							de:			
SECTION N	SECTION BOX:			3) ft., or 4) ☐ Dry Well			Longitude:				
IN		WELL'S STATIC WATER LEVEL:					for Latitude/Longitude		1110 27		
	1	below land surface, measured on (mo-day-yr						S (unit make/model:)	
NW	NE	above land surface, measured on (mo-day-yr						(WAAS enabled? □		(o)	
W		Pump test data: Well water wasft. afterhours pumpinggr					☐ Land Survey ☐ Topographic Map ☐ Online Mapper:				
W	E	Well water was ft.					☐ Опппе маррег				
sw - X	SE	after hours pumpinggr					(F)	•			
		Estimated Yield:gpm					6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map				
S		Bore Hole Diameter: in. to									
1 mile in. to ft.											
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID											
	☐ Household 6. ☐ Dewatering: how many wells?										
_				echarge: well ID			☐ Cased ☐ Uncased ☐ Geotechnical				
_	☐ Livestock 8. ☐ Monitorin			g: well ID			12. Geothermal: how many bores?				
			al Remediation: well ID			a) Closed Loop					
3. ☐ Feedlot ☐ Air Sparg 4. ☐ Industrial ☐ Recovery						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:											
8 TYPE OF CASING USED: Steel PVC Other											
Casing diameter											
Casing height above land surface											
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)											
								ft., From	ft. to	ft.	
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Intervals: From											
			on: No Lateral Line				nn 200 ft. Livestock Pen	a 🗖 Inggoti	aida Staraga		
☐ Septic T☐ Sewer L			Cess Pool				Fuel Storage		cide Storage oned Water		
	ght Sewer Lin			☐ Feedyard			Fertilizer Stor		ell/Gas Well	Well	
Other (Specify)											
Direction from well? Distance from well?											
10 FROM	TO	I	ITHOLOG	GIC LOG	FRO)M	TO 1	LITHO. LOG (cont.) or	r PLUGGIN	G INTERVALS	
						+					
					Note	s:					
					_						
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)											
Kansas Wat	er Well Con	tractor's Lice	ense No	This V	Vater We	l Reco	ord was com	pleted on (mo-day-y	ear)		
under the bu	isiness name	of	*********					00 for each constructed we		<u></u>	
KS Denartm	ent of Health ar	send one copy to	o WATER W	ELL OWNER and retain	n one for yo	ur recor	rds. Fee of \$5.5 St. Suite 420 7	00 for each <u>constructed</u> we coneka Kansas 66612-130	ell. 67 Telephon	÷ 785-296-3565	
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											

