KOLAR Document ID: 1494123

V	_	WELL R	_		WWC-5	Division of Water Resources App. No.				Wall ID		
1	☐ Original Record ☐ Correction ☐ Change in Well Us 1 LOCATION OF WATER WELL: Fraction						Section Nu		Township Numb	Well ID	ange Number	
1	County:				1/4 1/4 1/4	occiion ivu	T S			R DE DW		
2	WELL OWNER: Last Name: First:						Rural Addı	Cural 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:											
	City:			State:	ZIP:							
3	LOCAT		4 DEPTH	IPLETED WELL:	ft. 5 Latitude:			. .		(dogimal dograss)		
	WITH "X" IN SECTION BOX: Depth(s) Groundwater Encountered: 1)						_		de:			
	SECTIO		2)	ft. 3	☐ Dry Wel			☐ WGS 84 ☐ NAI		NAD 27		
				TER LEVEL:			Source for Latitude/Longitude:					
	below land surface, measured on (mo-day above land surface, measured on (mo-day above land surface, measured on (mo-day							☐ GPS (unit make/model:) (WAAS enabled? ☐ Yes ☐ No)				
	10 00 -3-1	 NE		rump test data: Well water was ft					nd Survey Topographic Map			
W		E after hours pumping						Online Mapper:				
	Well water was						om					
						. gpm		6 Elevation:ft. Ground Level TOC				
		S		Diameter:	in. to		<u>S</u>	Source:				
	1 mile in. to ft.											
	7 WELL WATER TO BE USED AS: 1. Domestic: 5. ☐ Public Water Supply: well ID											
	☐ Household											
	☐ Lawn & Garden 7. ☐ Aquifer R				echarge: well ID		[☐ Cased ☐ Uncased ☐ Geotechnical				
					g: well ID		12. Geothermal: how many bores?					
	2. ☐ Irrigation 9. Environmenta 3. ☐ Feedlot ☐ Air Sparge				al Remediation: well II e ☐ Soil Vapor		a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water					
	☐ Industr			Recovery			13. Other (specify):					
W	Was a chemical/bacteriological sample submitted to KDHE? \(\subseteq \text{Yes} \) \(\subseteq \text{No} \) If yes, date sample was submitted:											
Water well disinfected? \[Yes \] No												
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other												
Casing diameter												
TYPE OF SCREEN OR PERFORATION MATERIAL:												
☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify)												
☐ Brass ☐ Galvanized Steel ☐ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:												
3(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												
GRAVEL PACK INTERVALS: From												
					」Cement grout □ Bo						•••••	
			le contaminati	on: No	potential source of con	ntamination	within 200	ft.		11.		
	☐ Septic	Tank	□ I	Lateral Line	es 🔲 Pit Privy		☐ Livestoc	k Pens	☐ Insection			
	Sewer 1			Cess Pool	☐ Sewage La		☐ Fuel Sto		Abando			
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Oil Well/Gas Well												
D	irection fro				Distance from w							
10	FROM	TO	I	ITHOLOG	GIC LOG	FROM	TO	LI	THO. LOG (cont.) or	PLUGGI	NG INTERVALS	
						**						
						Notes:						
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 Water Well Contractor's License No. This Water Well Record was completed on (mo-day-year)												
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://www.kdheks.gov/waterwell/index.html KSA 82a-1212												
	v isit us at h	up://www.kdh	eks.gov/waterwel	ı/ınaex.ntml						K	KSA 82a-1212	

