KOLAR Document ID: 1455590

WATER		ECORD Correction		WWC-5 e in Well Use		vision of Wa ources App.			Well ID		
				Fraction		ction Numb		Township Numb		ige Number	
1 LOCATION OF WATER WELL: County:Fraction1/41/4							$\begin{array}{c c} T & S \\ T & S \\ \end{array} \begin{array}{c} T & S \\ \end{array} \begin{array}{c} T & B \\ \end{array} \begin{array}{c} T \\ \end{array} \end{array} \begin{array}{c} T \\ \end{array} \begin{array}{c} T \\ \end{array} \begin{array}{c} T \\ \end{array} \begin{array}{c} T \\ \end{array} \end{array} \begin{array}{c} T \\ \end{array} \begin{array}{c} T \\ \end{array} \end{array} \begin{array}{c} T \\ \end{array} \end{array} \begin{array}{c} T \\ T \\ \end{array} \end{array} \begin{array}{c} T \\ T \\ \end{array} \end{array} \begin{array}{c} T \\ T \\ T \end{array} \end{array} \begin{array}{c} T \\ T \\ T \end{array} \end{array} $ \end{array}				
2 WELL Business: Address: Address: City:	OWNER: L		State:			treet or Rural Address where well is located (if unknown, distance and irection from nearest town or intersection): If at owner's address, check here:					
	4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1)										
	SECTION DOX. (1)										
N	N 2) N 11 N WELL'S STATIC WATER LEVEL:										
	X			yr)	· 🗌		nit make/model:)		
NW	NE			yr)		(WAAS enabled? Yes No)					
		Pump test da				□ Land Survey □ Topographic Map □ Online Mapper:					
W	E	ancr	after hours pumping								
SW	SE	after	hours	gpm							
		Estimated Y				6 Elevation: ft. Ground Level TOC					
S 1 m		Bore Hole D			<u>5001</u>	Source: Land Survey GPS Topographic Map Other					
1 mile in. to ft. Other 7 WELL WATER TO BE USED AS:											
1. Domestic: 5. □ Public Water Supply: well ID 10. □ Oil Field Water Supply: lease											
☐ Househ	☐ Household 6. ☐ Dewatering: how many wells?					11. Test	11. Test Hole: well ID				
	Lawn & Garden 7. Aquifer Recharge: well ID						Cased Uncased Geotechnical				
	Livestock 8. Monitoring: well ID							l: how many bores			
3. ☐ Feedlot	2. Irrigation 9. Environmental Remediation: well ID 3. Feedlot Air Sparge Soil Vapor Ex						a) Closed Loop				
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? Yes 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											
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											
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft. to ft. o ft. o ft. to ft.											
Grout Intervals: From											
		le contaminati		potential source of con				_			
□ Septic 7 □ Sewer I			Lateral Line Cess Pool			Livestock P			ide Storage		
				☐ Sewage Lag		Fuel Storag Fertilizer St		☐ Abando □ Oil Wel	ll/Gas Well	wen	
Other (Specify)											
Direction from well? ft.											
10 FROM	TO	L	ITHOLO	GIC LOG	FROM	TO	LITH	HO. LOG (cont.) or	PLUGGIN	G INTERVALS	
					1						
							1				
							L				
					Notes:						
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Constructed, reconstructed, or plugged											
under my ju	risdiction a	nd was compl	eted on (n	no-day-year)	and	this record	l is true	e to the best of my	y knowled	ge and belief.	
Kansas Wat	ter Well Cor	ntractor's Lice	nse No	This Wa	ter Well Re	cord was co	omplet	ed on (mo-day-ye	ear)		
under the bu	usiness nam	e or	WATER W	ELL OWNER and retain o	one for your rec	ords. Fee of [©]	 \$5.00 fo	r each constructed we	<u></u> 11		
Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> 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 ht	Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212										