KOLAR Document ID: 1521883

	WELL R Record	ECORD Correction		WWC-5 e in Well Use		vision of Wat			Well ID		
		ATER WEL		Fraction		ction Numb		ownship Numb		ige Number	
County: $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$							$\begin{array}{c c} T & S \\ T & S \\ \end{array} \begin{array}{c} T & S \\ \end{array} \begin{array}{c} T & B \\ \end{array} \begin{array}{c} T & B \\ \end{array} \begin{array}{c} T \\ \end{array} \end{array} \begin{array}{c} T \\ \end{array} \begin{array}{c} T \\ \end{array} \begin{array}{c} T \\ \end{array} \begin{array}{c} T \\ \end{array} \end{array} \begin{array}{c} T \\ \end{array} \begin{array}{c} T \\ \end{array} \end{array} \begin{array}{c} T \\ \end{array} \begin{array}{c} T \\ \end{array} \end{array} \begin{array}{c} T \\ \end{array} \end{array} \begin{array}{c} T \\ T \\ \end{array} \end{array} \begin{array}{c} T \\ T \end{array} \end{array} \begin{array}{c} T \\ T \\ T \end{array} \end{array} \end{array} \begin{array}{c} T \\ T \\ T \end{array} \end{array} \end{array} \begin{array}{c} T \\ T \end{array} \end{array} \end{array} \begin{array}{c} T \\ T \\ T \end{array} \end{array} \end{array} \left(T \\ T \\ T \end{array} \end{array} \end{array} \left(T \\ T \\ T \end{array} \end{array} \left(T \\ T \\ T \end{array} \\ T \end{array} \\ T \end{array} \end{array} \left(T \\ T \\ T \end{array} T \end{array}$				
2 WELL Business: Address: Address: City:	OWNER: L		State:	First: ZIP:		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 DOA. (1)										
IN	N WELL'S STATIC WATER LEVEL:						Source for Latitude/Longitude:				
			 □ below land surface, measured on (mo-day-yr) □ above land surface, measured on (mo-day-yr) 				GPS (unit make/model:)				
NW	- X <u>NE</u>	Pump test da				(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map					
w	E	-	hours								
	1		Well v			Online Mapper:					
SW	SE		hours	gpm	6 Elevation:ft. Ground Level TOC						
		Estimated Y		ft and		Source: Land Survey GPS Topographic Map					
1 m	-	Bore Hole D									
1 mile in. to ft. Other											
1. Domestic: 5. 🗌 Public Water Supply: well ID											
				g: how many wells?			11. Test Hole: well ID				
Lawn &	Lawn & Garden7. Aquifer Recharge: well IDLivestock8. Monitoring: well ID						Cased Uncased Geotechnical				
2. Irrigatio							a) Closed Loop \square Horizontal \square Vertical				
3. 🗌 Feedlot	= 6				Extraction	b) C	b) Open Loop 🔲 Surface Discharge 📋 Inj. of Water				
4. Industrial Recovery Injection						13. 🗌 0	13.				
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											
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Intreaded Casing diameter in. to ft., Diameter ft., Diameter ft., Diameter											
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: Image: Comparison of the sector of											
Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)											
	red Shutter	☐ Key Punch				None (Open I		ner (speeny)			
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to 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											
		e contaminati		potential source of con			1	II. to	II.		
			ateral Line			Livestock P	ens	☐ Insectio	cide Storage		
Sewer L			Cess Pool	Sewage La	goon 🗌	Fuel Storage			oned Water		
	ght Sewer Li			☐ Feedyard		Fertilizer St	torage	🗌 Oil We	ll/Gas Well		
Direction from well? ft.											
10 FROM	TO		ITHOLO		FROM	TO		D. LOG (cont.) or		G INTERVALS	
							ļ				
N						Notes:					
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Constructed, Constructed, or											
under my jurisdiction and was completed on (mo-day-year) and this record is true to the best of my knowledge and belief.											
Kansas Wat	ter Well Cor	ntractor's Lice	nse No	This Wa	ter Well Red	cord was co	mpletec	d on (mo-day-ye	ear)		
under the bu	usiness name	e of									
KS Departm	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 http://www.kdheks.gov/waterwell/index.html KSA 82a-1212											