## KOLAR Document ID: 1580701

WATER				WWC-5		vision of Wat ources App.			Well ID		
Original Record       Correction       Change in Well Use         1       LOCATION OF WATER WELL:       Fraction						on Number Township Number Range Number					
County: 1/4 1/4 1/4							$\begin{array}{c c} T & S & R & \Box E & \Box W \end{array}$				
2 WELL C Business: Address: Address: City:	DWNER: La		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:					
3 LOCATE WELL											
WITH "X	WITH "X" IN 4 DEPTH OF COMPLETED WELL: Depth(c) Groundwater Encountered: 1)						5 Latitude:				
	SECTION BOX: N $2) \dots \dots ft. 3) \dots ft., or 4) \square 1$										
	WELL'S STATIC WATER LEVEL:					Sour	Source for Latitude/Longitude:				
				-yr) -yr)			unit make/model:				
NW	NE	Pump test da			(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map						
w	E	after hours pumping gpm Well water was ft.						Mapper:			
SW	SE	often									
		Estimated Y	hours ield:	gpm	6 Elev	6 Elevation:ft.  Ground Level  TOC					
S		Bore Hole D	ft. and	Source	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         10. □ Oil Field Water Supply: lease											
	$\Box \text{ Household} \qquad \qquad$						11. Test Hole: well ID				
	Lawn & Garden 7. Aquifer Recharge: well ID						Cased Uncased Geotechnical				
	Livestock 8. Monitoring: well ID							al: how many bores			
2. ☐ Imgauo 3. ☐ Feedlot	2. □ Irrigation       9. Environmental Remediation: well ID         3. □ Feedlot       □ Air Sparge       □ Soil Vapor E						a) Closed Loop  Horizontal  Vertical b) Open Loop  Surface Discharge  Inj. of Water				
4. Industrial Recovery Injection							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 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											
TYPE OF SCREEN OR PERFORATION MATERIAL:         Steel       PVC         Other (Specify)											
Steel     Stainless Steel     PVC     Other (Specify)       Brass     Galvanized Steel     None used (open hole)											
SCREEN OR PERFORATION OPENINGS ARE:											
	Continuous Slot I Mill Slot Gauze Wrapped Torch Cut I Drilled Holes Other (Specify)										
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) SCREEN-PERFORATED INTERVALS: From											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL:  Neat cement  Cement grout Bentonite Other											
Grout Intervals: From											
Septic T			ateral Line			Livestock P	Pens	□ Insectic	ide Storage		
Sewer L	lines		Cess Pool	Sewage La	igoon 🗌	Fuel Storag	e	Abando	oned Water		
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well											
Direction from well? ft.											
10 FROM	TO		ITHOLO		FROM	ТО		HO. LOG (cont.) or	PLUGGIN	G INTERVALS	
+							1				
					Natari						
<u>├</u>	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 Wate	ristiction an er Well Con	u was completractor's Lice	eted on (n ense No.	no-day-year)	ater Well Re	unis record	i is tru omple	ted on (mo-dav-ve	y knowledg ear)	ge and belief.	
	isiness name	of					· · · · · · · · ·				
	S	Send one copy to	WATER W	ELL OWNER and retain	one for your rec	ords. Fee of \$	\$5.00 fo	or each constructed we	11.		
-	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										