## KOLAR Document ID: 1580731

	WELL R			WWC-5		vision of Wat ources App.			Well ID		
Original Record       Correction       Change in Well Use         1       LOCATION OF WATER WELL:       Fraction						ion Number   Township Number   Range Number			ge Number		
County: 1/4 1/4 1/4							T S R E W				
2 WELL Business: Address: Address: City:	OWNER: La		State:	First: ZIP:		treet or Rural Address where well is located (if unknown, distance and rection from nearest town or intersection): If at owner's address, check here:					
3 LOCATE WELL											
WITH "2	WITH "X" IN 4 DEPTH OF COMPLETED WELL:						5 Latitude:(decimal degrees) Longitude:(decimal degrees)				
	<b>SECTION BOX.</b> 2) ft. 3) ft., or 4) $\Box$					ll Datum: □ WGS 84 □ NAD 83 □ NAD 27					
	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	X	after				Mapper:					
SW		after	ft.								
		Estimated Y		. spin		6 Elevation:ft. Ground Level TOC					
S		Bore Hole Diameter: in. to ft.				Sour	Source: Land Survey GPS Topographic Map Other				
1 m	1	DE LICED A		in. to	ft.			Ouler			
7 WELL WATER TO BE USED AS:         1. Domestic:       5. □ Public Water Supply: well ID         10. □ Oil Field Water Supply: lease											
	Household 6. Dewatering: how many wells?					11. Test Hole: well ID					
	□ Lawn & Garden 7. □ Aquifer Recharge: well ID .										
	□ Livestock       8. □ Monitoring: well ID         □ Irrigation       9. Environmental Remediation: well ID						12. Geothermal: how many bores? a) Closed Loop ☐ Horizontal ☐ Vertical				
	3. □ Feedlot □ Air Sparge □ Soil Vapor						b) Open Loop $\Box$ Surface Discharge $\Box$ Inj. of Water				
4. Industrial Recovery Injection						13. 🗌 C	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											
Steel Stainless Steel PVC Other (Specify)											
□ Brass □ Galvanized Steel □ None used (open hole)											
SCREEN OR PERFORATION OPENINGS ARE:											
	uous Slot red Shutter	☐ Mill Slot			orch Cut 📋	Drilled Holes	3 ∐ ( Hole)	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., From ft. to ft.											
9 GROUT MATERIAL:  Neat cement Cement grout Bentonite Other											
Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft. to ft. to ft. Nearest source of possible contamination: No potential source of contamination within 200 ft.											
			Lateral Line			] Livestock P	Pens	Insectic	ide Storage		
Sewer I			Cess Pool		agoon	Fuel Storag			oned Water	Well	
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify)											
Direction from well?											
10 FROM	ТО	L	ITHOLO	GIC LOG	FROM	ТО	LIT	HO. LOG (cont.) or	PLUGGIN	G INTERVALS	
					Notes:		I				
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											
under the bu	usiness name	of	WATED V	ELL OWNED and rates	one for your re-	ords Fas of ¢		or each constructed mai	 11	<u></u>	
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	ttp://www.kdhel	ks.gov/waterwel	/index.html						KS	SA 82a-1212	