## KOLAR Document ID: 1598223

WATER WI				WWC-5		vision of Wa			W-11 ID		
Original Record       Correction       Change in Well Use         1       LOCATION OF WATER WELL:       Fraction					Resources App. No.			Well ID	aa Numbar		
I LOCATION OF WATER WELL:FractionCounty: $\frac{1}{4}$ $\frac{1}{4}$						ection NumberTownship NumberRange NumberTSR $\Box$ EW					
						reet or Rural Address where well is located (if unknown, distance and					
						rection from nearest town or intersection): If at owner's address, check here:					
Address:				uncetion non							
Address:			~								
City:			State:	ZIP:							
3 LOCATE W WITH "X" I	<b>IPLETED WELL:</b> .	f	t. 5 Lati	tude:			(decimal degrees)				
SECTION BOX: Depth(			pth(s) Groundwater Encountered: 1)			Longitude:					
N	0111	2) ft. 3) ft., or 4) □ Dry V WELL'S STATIC WATER LEVEL: ft.				Datu	m: 🗌	WGS 84 🗌 NAI	) 83 🗌 N	IAD 27	
					Source for Latitude/Longitude:						
	-	<ul> <li>below land surface, measured on (mo-day-yr)</li> <li>above land surface, measured on (mo-day-yr)</li> </ul>					☐ GPS (unit make/model:) (WAAS enabled? ☐ Yes ☐ No)				
NW N	₿ <sup></sup>	Pump test data: Well water was ft.					$\Box$ Land Survey $\Box$ Topographic Map				
w	Е	after hours pumping gpm						e Mapper:			
SW S			t.								
	L	after hours pumping gpm				6 Elevation:ft.  Ground Level TOC					
S		Estimated Yield:gpm Bore Hole Diameter: in. to ft.				Source:  Land Survey  GPS  Topographic Map					
1 mile		Bole Hole L		$\Box$ Other							
1 mile       in. to ft.         7 WELL WATER TO BE USED AS:											
1. Domestic:       5. Dublic Water Supply: well ID       10. Doil Field Water Supply: lease											
☐ Household											
🗌 Lawn & Ga		7. 🗌 Aquifer Recharge: well ID									
	Livestock 8. Monitoring: well ID							al: how many bores			
	2. □ Irrigation       9. Environmental Remediation: well ID.         3. □ Feedlot       □ Air Sparge       □ Soil Vapor Ex						a) Closed Loop  Horizontal  Vertical b) Open Loop  Surface Discharge  Inj. of Water				
					Extraction	13. ☐ Other (specify):					
4. Industrial       Recovery       Injection       13. Other (specify):         Was a chemical/bacteriological sample submitted to KDHE?       Yes       No       If yes, date sample was submitted:											
Was a chemical bacteriological sample submitted to $\mathbf{KDHE}$ ? $\Box$ Yes $\Box$ No $\Box$ 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.											
Casing height above land surface											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
□ Steel □ Stainless Steel □ PVC □ Other (Specify)											
Brass   Galvanized Steel       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 ft. to ft., From ft., From ft. to ft.											
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft. to ft.											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Intervals: From											
Nearest source o				potential source of con-							
Septic Tank			Lateral Line			Livestock P			ide Storage		
Sewer Lines			Cess Pool	□ Sewage Lag □ Feedyard		Fuel Storag			oned Water		
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify)											
Direction from well?											
10 FROM 7	ТО	I	ITHOLO	GIC LOG	FROM	TO	LIT	HO. LOG (cont.) or	PLUGGIN	G INTERVALS	
ļ											
ļ											
					Notors						
					Notes:						
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged											
under my jurisd	iction an	d was compl	leted on (n	no-day-year)	and	l this record	is tru	e to the best of my	y knowled	ge and belief.	
Kansas Water V	Vell Con	tractor's Lice	ense No	This Wa	ter Well Re	cord was co	omple	ted on (mo-day-ye	ear)		
under the busine	ess name	end one convit	WATED	/ELL OW/NER and retain of	me for your ro	ords Fea of ¢		or each constructed ma	<u></u> 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 http://www.kdheks.gov/waterwell/index.html KSA 82a-1212										