KOLAR Document ID: 1509778

				WWC-5 ge in Well Use			vision of Wasources App.			Well ID			
	1 LOCATION OF WATER WELL:			Fraction			ection Numb		Township Numb			_	
County:				1/4 1/4	1/			T			R DEDW		
2 WELL OWNER: Last Name: Business: Address:				First:		Street or Rural Address where well is located (if unknown, dista direction from nearest town or intersection): If at owner's address, chec							
A	Address:												
	City: LOCATE WELL	State: ZIP:											
	WITH "X" IN	4 DEPTH OF COMPLETED WELL:						5 Latitude:(decimal degrees)					
S	SECTION BOX:		Depth(s) Groundwater Encountered: 1)										
_	N	WELL'S STATIC WATER LEVEL:				ft.	Sour		Latitude/Longitude		NAD 27		
	below land surface, measured on (mo-day- above land surface, measured on (mo-day-						Grade mane, modern)		
-	- NW NE	ater was ft.				(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map							
w	E	pumpinggpm				Online Mapper:							
-	- SW SE	rater was ft. s pumping gpm											
		gpm		. gpm				ft. Ground Level TOC					
	S	in. to		Sour		☐ Land Survey ☐ GPS ☐ Topographic Map ☐ Other							
1 mile in. to ft. Uother													
	omestic:			ter Supply: wel	II ID		10. 🗆 C	Dil Fie	eld Water Supply: 16	ease			
_	Household	6. ☐ Dewatering: how many wells?					11. Test	e: well ID)				
_] Lawn & Garden] Livestock			echarge: well II g: well ID					Uncased Uncased				
	Irrigation			al Remediation:									
	Feedlot		Air Sparge			Extraction		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													
Casing height above land surface													
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 Punch				aw Cut							
SCF						ft. to ft., From							
0.0									ft., From				
				ft., From		ft. to	ft., Fron		ft. to				
	rest source of possi			potential source									
	Septic Tank Sewer Lines		Lateral Line Cess Pool				Livestock P Fuel Storag		☐ Insection ☐ Abando				
	Watertight Sewer I		Fertilizer St										
	Other (Specify)			Distance					0				
	FROM TO		ITHOLO		irom w	FROM	ТО		ft. THO. LOG (cont.) or		NG INTERVALS	<u></u>	
		_										_	
												_	
							+						
							Notes:						
						\dashv							
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. This Water Well Record was completed on (mo-day-year) under the business name of Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.													
K	Denartment of Health	Send one copy to	WATER W	ELL OWNER an	d retain	one for your re	cords. Fee of S	5.00 t	for each <u>constructed</u> we eka, Kansas 66612-136	ell. 57 Telepho	one 785-296-3565		
111	sparament or meant	Lii i ii Oiiii Ciii	,	. a.c., Goology Be		COO D 11 JUCKS	J, Juic 420	, rop	, 12411040 00012-130	rerepho	, 00 2,0 3303.		

KSA 82a-1212 Visit us at http://www.kdheks.gov/waterwell/index.html

