KOLAR Document ID: 1406538

	WELL R			WWC-5		vision of Wat						
		Correction		ge in Well Use		ources App.			Well ID			
			Fraction	4 ¹ / ₄ Section Number			Township Numb		ige Number			
County: 1/4 1/4 1/4 2 WELL OWNER: Last Name: First: Image: First: First:						mal Addmass	$\frac{T S R \Box E \Box W}{\text{al Address where well is located (if unknown, distance and}}$					
Z WELL Business:		ast Name:		First:		rection from nearest town or intersection): If at owner's address, check here:						
Address:					uncetion nom							
Address:			~									
City:			State:	ZIP:								
3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL:						t. 5 Latit	tude:			(decimal degrees)		
	SECTION BOX . Depth(s) Groundwater Encountered: 1)						Longitude:					
1	2) ft. 3) ft., or WELL'S STATIC WATER LEVEL:							WGS 84 INAI		IAD 27		
				It. -yr)		Source for Latitude/Longitude:						
NW	NE			-yr)		(WAAS enabled? □ Yes □ No)						
		Pump test d				Land Survey Topographic Map						
w	E	after	hours			Online Mapper:						
SW	SE	after	Well water was ft. after hours pumping gpr									
			Estimated Yield:gpm			6 Elevation:ft. Ground Level TOC						
	S	Bore Hole Diameter: in. to			ft. and	Source: Land Survey GPS Topographic Map						
1 r				in. to	ft.	□ Other						
7 WELL WATER TO BE USED AS:												
	1. Domestic: 5. □ Public Water Supply: well ID. □ Household 6. □ Dewatering: how many wells?						10. □ Oil Field Water Supply: lease 11. Test Hole: well ID					
			 6. □ Dewatering: how many wells? 7. □ Aquifer Recharge: well ID 				\Box Cased \Box Uncased \Box Geotechnical					
					ell ID			12. Geothermal: how many bores?				
2. 🗌 Irrigati	. Irrigation 9. Environmental Remediation: well ID					a) C	a) Closed Loop 🔲 Horizontal 🔲 Vertical					
4. 🗌 Industr			Recovery	-				specify):				
Was a chemical/bacteriological sample submitted to KDHE? \Box Yes \Box 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 Casing 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:												
□ 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., 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.												
		e contaminati		potential source of con					.1.0.			
☐ Septic ☐ Sewer			Lateral Line Cess Pool	es 🗌 Pit Privy 🗌 Sewage La] Livestock P] Fuel Storage			ide Storage			
	ight Sewer Lir			☐ Sewage La		Fertilizer St			ll/Gas Well			
□ Other (Specify)												
Direction from well? ft.												
10 FROM	TO	I	ITHOLOG	GIC LOG	FROM	TO	LIT	HO. LOG (cont.) or	PLUGGIN	G INTERVALS		
	├											
	<u>├</u>											
					Notes:	1						
11 CONT	RACTOR'S	OR LAND	OWNER'S	S CERTIFICATION	N: This wate	er well was		$nstructed, \Box reco$	onstructed,	or \square plugged		
Kansas Wa	urisdiction at	nd was complete	eted on (n	no-day-year) 	ater Wall Do	this record	1s tru	ted on (mo day w	y knowled	ge and belief.		
				1 mis wa								
		Send one copy to	WATER W	ELL OWNER and retain	one for your red	cords. Fee of \$	5.00 f	or each constructed we	11.			
-				Water, Geology Section, 10	000 SW Jackson	n St., Suite 420	, Tope	ka, Kansas 66612-136				
Visit us at h	<u>ittp://www.kdhe</u>	ks.gov/waterwel	<u>I/1ndex.html</u>						KS	SA 82a-1212		