KOLAR Document ID: 1521891

WATER WELL R		rm WWC-5		vision of Water							
Original Record Correction Change in Well Use 1 LOCATION OF WATER WELL: Fraction		Fraction	Resources App. No. Section Number			Well ID	aa Numbar				
			1/4 1/4 Sec	cuon Number	ion Number Township Number Range Number T S R \Box E \Box W						
2 WELL OWNER: L	ast Name:		t or Rural Address where well is located (if unknown, distance and								
Business:	ast Ivanie.	First:		om nearest town or intersection): If at owner's address, check here:							
Address:											
Address:											
City:	State:	ZIP:									
3 LOCATE WELL	4 DEPTH OF	COMPLETED WELI	ft	5 Latitu	de:		(decimal degrees)				
WITH "X" IN SECTION BOX:	Depth(s) Ground	ft.	Longitude:(decimal degrees)								
N SECTION BOX.		ft. 3) ft., or 4			Datum: WGS 84 NAD 83 NAD 27						
		C WATER LEVEL:		Source	for Latitude/Longitude						
	below land su			GPS (unit make/model:)							
NW NE	above land su			(WAAS enabled? Yes No)							
	Pump test data: V			\Box Land Survey \Box Topographic Map							
W X E		hours pumping Well water was		Online Mapper:							
SW SE	after										
	Estimated Yield:	8r	6 Elevation:ft. Ground Level TOC								
S	Bore Hole Diame	ft. and	Source	Source: Land Survey GPS Topographic Map							
1 mile	in. to ft.										
7 WELL WATER TO BE USED AS:											
1. Domestic: 5. □ Public Water Supply: well ID											
Household					11. Test Hole: well ID						
☐ Lawn & Garden ☐ Livestock	7. Aquifer Recharge: well ID				ed Uncased						
2. Irrigation	8. Monitoring: well ID				12. Geothermal: how many bores?						
3. Feedlot	☐ Air Sparge ☐ Soil Vapor Ext				a) Closed Loop Horizontal Vertical b) Open Loop Surface Discharge Inj. of Water						
4. Industrial					13. \Box 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 res \Box No \Box yes, date sample was submitted:											
		$\neg PVC \Box Other$	CASI	NG IOINTS	□ Glued □ Clampe	d 🗖 Welder	d 🗆 Threaded				
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. to ft. to 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											
Septic Tank	Latera			Livestock Per	s 🗆 Insecti	cide Storage					
Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage Sewer Lines Cess Pool Sewage Lagoon Fuel Storage Abandoned Water Well											
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well											
□ Other (Specify)											
Direction from well? ft.											
10 FROM TO	LITH	OLOGIC LOG	FROM	TO	LITHO. LOG (cont.) o	r PLUGGIN	G INTERVALS				
			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) and this record is true to the best of my knowledge and belief.											
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 <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.											
	na raivitullelle dufe	au or mater, ocology section	, 1000 BW Jackson	Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212							