KOLAR Document ID: 1372203

				WWC-5		vision of Wat			Well ID		
	Original Record Correction Change in Well Use Control of WATER WELL: Exaction					ources App.		unchin Numb		aa Numbar	
1 LOCATION OF WATER WELL: County:Fraction1/41/4						Section NumberTownship NumberRange NumberTSR \Box E \Box W					
						Street or Rural Address where well is located (if unknown, distance and					
Business:	direction from nearest town or intersection): If at owner's address, check here:										
Address:											
Address:											
City:		Т	State:	ZIP:							
3 LOCATE WELL WITH (SY) IN 4 DEPTH OF COMPLETED WELL:						ft. 5 Latitude :(decimal degrees)					
	WITH "X" IN SECTION BOX: Depth(s) Groundwater Encountered: 1)					ft. Longitude:					
SECTION		3) ft., or 4)			Datum: 🗌 WGS 84 🛛 NAD 83 🗌 NAD 27						
				TER LEVEL:				ude/Longitude			
				, measured on (mo-day)	
NW] above land surface, measured on (mo-day-y ump test data: Well water was ft.					S enabled?		10)		
w				s pumping			□ Land Survey □ Topographic Map □ Online Mapper:				
	Welly			vater was		Jinne Map		••••••			
SW	SE-X			s pumping							
			Estimated Yield:gpm			6 Elevation:ft. Ground Level TOO					
	S	Bore Hole I	Bore Hole Diameter: in. to			d Source: Land Survey GPS Topographic					
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID 10. □ Oil Field Water Supply: lease											
□ Household											
			7. ☐ Aquifer Recharge: well ID					Uncased 🔲 🤇			
Livesto	$\Box Livestock \qquad \qquad 8. \Box Monitoring: well ID$						12. Geothermal: how many bores?				
	. Irrigation 9. Environmental Remediation: well ID						a) Closed Loop 🔲 Horizontal 🗌 Vertical				
	3. EFeedlot Air Sparge Soil Vapor						b) Open Loop 🗌 Surface Discharge 🔲 Inj. of Water				
4. Industrial Recovery Injection 13. Other (specify):											
Was a chemical/bacteriological sample submitted to KDHE? \Box Yes \Box No If yes, date sample was submitted:											
Water well disinfected? Ves No											
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											
□ Steel □ Stainless Steel □ Fiberglass □ PVC □ Other (Specify)											
□ Brass □ Galvanized Steel □ Concrete tile □ 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)											
				n ft. to	,			,			
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft.											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
	als: From rce of possible			ft., From	ft. to	ft., From	1	It. to	ft.		
Septic			Lateral Line	es 🗌 Pit Privy		Livestock P	ens	🗆 Insectio	cide Storage		
			Cess Pool	Sewage La		Fuel Storage			oned Water		
Watert	ight Sewer Lin	ies 🗍 S	Seepage Pit	Feedyard		Fertilizer St			ll/Gas Well		
□ Other (Specify)											
				Distance from w							
10 FROM	TO	L	ITHOLOG	GIC LOG	FROM	TO	LITHO. I	LOG (cont.) of	PLUGGIN	G INTERVALS	
	\vdash				1						
					Notes:	1	1				
11 CONT	RACTOR'S	OR LANDO	WNER'S	S CERTIFICATION	N: This wate	er well was	🗌 constru	icted, 🗌 reco	onstructed,	or 🗌 plugged	
under my j	urisdiction an	id was compl	eted on (n	no-day-year) 	and	this record	is true to	the best of m	y knowled	ge and belief.	
Kansas Wa	ter Well Con	tractor's Lice	ense No	This Wa	ater Well Re	cord was co	mpleted o	on (mo-day-y	ear)		
under the b	usiness name	Send one copy to	WATER W	ELL OWNER and retain	one for your rec	ords Fee of ¢	5 00 for eacl	h constructed we	<u></u> 11		
Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed 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.											
-	ttp://www.kdhel					-	• * *			SA 82a-1212	