KOLAR Document ID: 1604596

	WELL R			WWC-5		vision of Wat						
		Correction		ge in Well Use		ources App.			Well ID			
				Fraction				Township Numb		ige Number		
County: 1/4 1/4 1/4 2 WELL OWNER: Last Name: First: S						mal Addmass	$\begin{array}{c c c c c c c c c c c c c c c c c c c $					
2 WELL Business:		ast Name:		First:		rection from nearest town or intersection): If at owner's address, check here:						
Address:					unceuon 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 Encount							Longitude:(decimal degrees)				
	Ν		$\dots ft. 3) \dots ft., \text{ or } 4) \square \square$				Datum: WGS 84 NAD 83 NAD 27					
			below land surface, measured on (mo-day-yr)					Latitude/Longitude		、 、		
NW	NE	above land surface, measured on (mo-day-yr)					□ GPS (unit make/model:) (WAAS enabled? □ Yes □ No)					
19 W		Pump test d				□ Land Survey □ Topographic Map □ Online Mapper:						
w	E	after	hours									
SW	SE	0	Well v									
	X 1		after hours pumping gpm 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		Doite Hole I	in. to			$\Box \text{ Other } \dots \square $						
7 WELL WATER TO BE USED AS:												
1. Domestic	:			ater Supply: well ID								
House			6. Dewatering: how many wells?				11. Test Hole: well ID					
				echarge: well ID			Cased Uncased Geotechnical					
	□ Livestock 8. □ Monitoring: well ID □ Irrigation 9. Environmental Remediation: well											
	2. □ Irrigation 9. Environmental Remediation: well 3. □ Feedlot □ Air Sparge □ Soil Vapor						b) Open Loop 🗌 Surface Discharge 🔲 Inj. of Water					
4. Industrial					13. Other (specify):							
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:												
Water well disinfected? \square Yes \square 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 ft.												
Casing height above land surface												
TYPE OF SCREEN OR PERFORATION MATERIAL:												
Steel 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)												
\Box Louvered Shutter \Box Key Punched \Box Wire Wrapped \Box Saw Cut \Box None (Open Hole)												
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft.												
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft.												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other												
							1	ft. to	ft.			
Septic		e contaminati	on: No Lateral Line	o potential source of con		Livestock P	one	🗆 Insectio	ide Storage			
			Cess Pool	Sewage La		Fuel Storage			oned Water			
	ight Sewer Lir			☐ Feedyard		Fertilizer St			ll/Gas Well			
□ Other (Specify)												
Direction from well? Distance from well? ft. 10 FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTER												
10 FROM	TO		THOLOG	GIC LOG	FROM	ТО	LIT	HO. LOG (cont.) or	PLUGGIN	GINTERVALS		
							1					
					Notes:							
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged												
under mv i	urisdiction ar	id was compl	eted on (n	no-day-year)	a. ins wate	this record	is tru	ie to the best of m	v knowled	ge and belief.		
Kansas Wa	ter Well Cor	tractor's Lice	ense No	This Wa	ater Well Re	cord was co	mple	ted on (mo-day-ye	ear)			
	usiness name	e of					.					
KS Departe				ELL OWNER and retain						785-296-3565		
-	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											