## KOLAR Document ID: 1589643

	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:								
<b>3</b> LOCATE WELL WITH "X" IN <b>4</b> DEPTH OF COMPLETED WELL:						t. 5 Latit	tude:			(decimal degrees)		
	SECTION BOX. Depth(s) Groundwater Encou				ncountered: 1) ft. ft., or 4) 🗌 Dry Well			Longitude:(decimal degrees)				
1	Ν	2) WELL'S ST					WGS 84 INAI		IAD 27			
				-yr)		Source for Latitude/Longitude:						
NW	NE			-yr)		$(WAAS enabled? \square Yes \square No)$						
		Pump test d				□ Land Survey □ Topographic Map □ Online Mapper:						
	E	after	hours									
SW	SE	after	Well v									
			after hours pumping gp Estimated Yield:gpm				6 Elevation:ft. Ground Level TOC					
	S	Bore Hole Diameter: in. to			ft. and	Source	Source: Land Survey GPS Topographic Ma					
1 r				in. to	ft.			Other				
7 WELL WATER TO BE USED AS:         1. Domestic:       5. <ul> <li>Public Water Supply: well ID</li> <li>10.              <li>Oil Field Water Supply: lease</li> </li></ul>												
1. Domestic ☐ House			ig: how many wells?			10. ☐ Oil Field Water Supply: lease 11. Test Hole: well ID						
			7. Aquifer Recharge: well ID				□ Cased □ Uncased □ Geotechnical					
				g: well ID			12. Geothermal: how many bores?					
	2. Irrigation 9. Environmental Remediation: well II						a) Closed Loop 🔲 Horizontal 🔲 Vertical					
3. Eredlot   Air Sparge     4. Industrial   Recovery					r Extraction b) Open Loop  Surface Dis 13. Other (specify):							
				-								
Was a chemical/bacteriological sample submitted to KDHE? $\Box$ Yes $\Box$ No If yes, date sample was submitted:												
<b>8 TYPE OF CASING USED:</b> Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded												
Casing diameter in. to ft., Diameter in. to ft.												
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:												
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)												
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to 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												
Grout Intervals: From												
Nearest sou			on: No Lateral Line			thin 200 ft. Livestock P	ens		ide Storage			
			Cess Pool	Sewage La		Fuel Storage			oned Water			
□ Watert	ight Sewer Lir	nes 🗆 S	Seepage Pit	☐ Feedyard		Fertilizer St	orage		ll/Gas Well			
Direction from well? ft.												
Direction fro 10 FROM	TO TO		ITHOLOG		FROM	то		ft. HO. LOG (cont.) or		CINTEDVALS		
IU FROM	10	<b>I</b>		GICLOG	FKOM	10	LII	HO. LOG (colit.) of	PLUGGIN	GINTERVALS		
					Notes:							
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged												
under my i	urisdiction a	id was compl	leted on (n	no-day-year)	and	this record	is tru	ie to the best of m	y 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)			
under the b	usiness name	<u>e of</u>	WATED M	/ELL OWNER and retain		ondo E- CA	5 00 0			<u></u>		
KS Departr										e 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											