KOLAR Document ID: 1632253

WATER WELL RECORD FORM WWC-5						, , ,	, 11 ID			
		ge in Well Use		sources App. N			ell ID	N. 1		
1 LOCATION OF	WATER WELL:	Fraction		ection Number	1			ge Number		
County:		1/4 1/4 1/4		1 4 1 1	T	S	R	□ E □ W		
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:										
Business: Address:			direction froi	n nearest town o	r intersection): If at o	owner's ac	idress, c	check here:		
Address:										
City:	State:	ZIP:								
3 LOCATE WELL	4 DEPENDENCE COL			C	_					
WITH "X" IN	4 DEPTH OF COM									
SECTION BOX:	1	Encountered: 1)			itude:					
N	2) ft. 3) ft., or 4) ☐ Dry W WELL'S STATIC WATER LEVEL: ft				n: WGS 84		∐N	AD 27		
	below land surface, measured on (mo-day-yr)				Source for Latitude/Longitude: GPS (unit make/model:)					
NW NE	above land surface									
NW NE		vater was f		☐ Land Survey ☐ Topographic Map						
$ \mathbf{w} $		s pumping		Online Mapper:						
	Well v	water was f	t.							
SW SE	after hours pumping gpm			(Flore	6 Flavotion: ft G Cround I avail G TOC					
	Estimated Yield:				6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map					
S		in. to		Source	Source:					
ti.										
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID										
1. Domestic:		ater Supply: well ID ng: how many wells?								
☐ Household ☐ Lawn & Garden				11. Test Hole: well ID						
Livestock	— 1 &				12. Geothermal: how many bores?					
2. ☐ Irrigation	_ &				a) Closed Loop ☐ Horizontal ☐ Vertical					
3. ☐ Feedlot	☐ Air Sparge	Extraction		b) Open Loop Surface Discharge Inj. of Water						
4. ☐ Industrial	Recovery				ther (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										
Casing height above land surface										
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., From ft.										
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other										
	ft. to				$\ldots \ldots$ ft. to .		ft.			
	sible contamination: No									
☐ 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)										
10 FROM TO	LITHOLOG		FROM		LITHO. LOG (cor		IGGIN	GINTERVALS		
10 110001 10	EITHOLO	<u> </u>	TROM	10	EITHO. EGG (col	ii.) of TEC	<i>y</i> G G I ()	SITTERTIES		
				+						
	+		1	+						
				+						
	+		1	†						
			+							
			Notes:							
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged										
under my jurisdiction and was completed on (mo-day-year)										
Kansas Water Well (Contractor's License No	This Wa	ter Well R	ecord was con	mpleted on (mo-d	ay-year)				
under the business na	ame of									
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. Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212										
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