	RECORD		WWC-5		Division of Water							
Origina	l Record	Correction		ge in Well Use			rces App. No.		Well ID			
1 LOCAT	TION OF W	ATER WEI	L:	Fraction	.		on Number	Township Number		ge Number		
County	45E45ce											
2 WELL OWNER: Last Name: Scholer First: Allen Street or Rural Address where well is located (if unknown, distance										distance and		
Business:	:			,	direction f	ection from nearest town or intersection): If at owner's address, check here:						
Address: 422 S School St 7							north of utices ks 1/2 west 1/2 south 1/4 west					
Address:	م سیدار و		Share #	70. (7 C/- A	well	4	2					
City: 1655 State: K5 ZIP: 67560												
3 LOCAT		4 DEPTH	OF COM	PLETED WELL:	<i>30</i>	70 ft. 5 Latitude: 78°44'04.2" (decimal degrees) Longitude: 100°10011 W (decimal degrees)						
WITH "		Depth(s) Gr	oundwater	Encountered: 1)	Encountered: 1)			Longitude: 100 1001.1 W (decimal degrees)				
				ft. 3) ft., or 4) 🔲 Dry Wel			Horizontal Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27					
1		WELL'S ST	ELL'S STATIC WATER LEVEL: 8				Source for Latitude/Longitude					
		below l	below land surface, measured on (mo-day-yr). 9-3-18					GPS (unit make/model:)				
NW	NE	above l	above land surface, measured on (mo-day-yr)					(WAAS enabled? ☐ Yes ☐ No)				
XI		Pump test d	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map					
w /	E	afterJ hours pumpinggpr				- 1	☑ Online Mapper: Gaoste					
sw		Well water was ft.			ļ							
and			hours pumping gpm			- [6 Elevation: 2400 ft. Ground Level TOC					
Estimated			d Yield:			and Source: Land Survey GPS			PS 17 To	pographic Map		
S Bore Hole Diameter:				in to ft			Other					
The state of the s												
7 WELL WATER TO BE USED AS: 1. Domestic: 5. ☐ Public Water Supply: well ID												
1. Domestic												
				g: how many wells?echarge: well ID			I 1. Test Hole: well ID					
							12. Geothermal: how many bores?					
_	□ Livestock 8. □ Monitoring: well ID											
3. ☐ Feedlo	2. ☐ Irrigation 9. Environmental Remediation: well ID 3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor E											
4. ☐ Industrial ☐ Recovery							13. Other (specify):					
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:												
Water well disinfected? WYes No												
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: 2 Glued Clamped Welded Threaded												
Casing diameter												
Casing height above land surface												
TYPE OF SCREEN OR PERFORATION MATERIAL:												
☐ Steel ☐ Stainless Steel ☐ Fiberglass												
☐ 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)												
SCREEN-PERFORATED INTERVALS: From												
ORAVEL FACE INTERVALS: FIOR												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other												
Grout Intervals: From												
Septic			Lateral Line	s 🔲 Pit Privy		Пъ	vestock Pens	☐ Insectici	de Storage			
Sewer		_	Cess Pool	☐ Sewage L	agoon	_	iel Storage	☐ Abandon		Vell		
	ight Sewer Li	_	Seepage Pit				ertilizer Stora					
Other (Specify)												
Direction fro	om well?			Distance from	well?			ft.				
10 FROM	TO	I	ITHOLO	GIC LOG	FROM			THO. LOG (cont.) or	PLUGGING	J INTERVALS		
0	10	Sand				T						
10	20	Gravel										
20	30	Shale						· · · · · · · · · · · · · · · · · · ·				
		JAGIL		· · · · · · · · · · · · · · · · ·								
						_						
												
	 -				Notes							
110103.												
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) and this record is true to the best of my knowledge and belief.												
II CONT	RAUIUK'S	o UK LANDU	eted on (~	o-day-year)	-/s' ms w	raici W	is record is	nusuucicu, [_] recol	knowlede	e and helief		
Kanese We	ter Well Cor	ntractor's Lice	eica on (n	65 This W	ater Well	Recor	d was come	cted on (mo-day-ye	ar)	2-18		
under the h	usiness nam	e of Clin	e Dr	llus	2001 17 VII	Sign	ature	Low (Ino-day-ye	,			
Mail	white copy alc	ong with a fee of	55.00 for eac	h constructed well to: Ka	ansas Departr	nent of	Health and En	rironment, Bureau of Wat	er, GWTS S	ection,		
	* -	-			•			•				
1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524. Visit us at http://www.kdhcks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015												