KOLAR Document ID: 1526720

WATER WELL RECORD Form WWC-5 Di						,,	7 11 ID			
		e in Well Use		sources App. N			Vell ID	N. 1		
1 LOCATION OF V	VATER WELL:	Fraction		ection Number	1			ge Number		
County:		1/4 C4		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 pearest town or intersection): If at owner's address, check here:										
Business: direction from nearest town or intersection): If at owner's address, check here:										
Address:										
City:	State:	ZIP:								
3 LOCATE WELL	4 DEPTH OF COL	DIETED WELL.		ft 5 T atit	uda.			(1 : 11)		
WITH "X" IN		4 DEPTH OF COMPLETED WELL:				Longitude:				
SECTION BOX:	L	2) ft. 3) ft., or 4) \[\subseteq \text{Dry We}								
N	WELL'S STATIC WA			n: WGS 84 e for Latitude/Lo		, LI	AD 21			
	☐ below land surface.			PS (unit make/m)			
NW NE - 🗙	☐ above land surface,			·· (WAAS enabled? ☐ Yes ☐ No)						
	Pump test data: Well w		☐ Land Survey ☐ Topographic Map							
W E	after hours		Online Mapper:							
SW SE	Well w									
		after hours pumping gpm Estimated Yield:gpm			6 Elevation :ft. ☐ Ground Level ☐ TOC					
S	Bore Hole Diameter: in. to ft. ar				Source: Land Survey GPS Topographic Map					
mile		in. to ft.				Other				
7 WELL WATER TO BE USED AS:										
1. Domestic:		ter Supply: well ID		. 10. □ O	il Field Water Su	pply: lease				
☐ Household	6. ☐ Dewaterin			11. Test Hole: well ID						
Lawn & Garden	7. ☐ Aquifer R			☐ Cased ☐ Uncased ☐ Geotechnical						
☐ Livestock	8. Monitorin			12. Geothermal: how many bores?						
2. Irrigation	9. Environmenta	Extraction		a) Closed Loop						
3. ☐ Feedlot	☐ Air Sparge		b) Open Loop							
4. Industrial Recovery Injection 13. Other (specify):										
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:										
Water well disinfected?										
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ☐ Threaded										
Casing diameter										
Casing height above land surface										
TYPE OF SCREEN OR PERFORATION MATERIAL:										
☐ Steel ☐ PVC ☐ Other (Specify) ☐ 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., 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										
Grout Intervals: From										
	ole contamination: No									
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage										
☐ Sewer Lines	Cess Pool	☐ Sewage Lag		Fuel Storage		Abandoned		Well		
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well										
☐ Other (Specify)										
10 FROM TO	LITHOLOG		FROM		LITHO. LOG (d		LIGGIN	GINTERVALS		
10 11(01)1	Limolo	G10 E00	I KOM	10	2.1110. E00 (C	70111.) OI I L	COOM	SHILKIMLS		
				+						
				1						
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				1						
			Notes:	<u>.</u>						
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged										
under my jurisdiction and was completed on (mo-day-year)										
Kansas Water Well Contractor's License No										
under the business nan	Send one convite WATER W	VELL OWNED and matain -	ne for vor	cords Eas of the	5.00 for each com	noted well	• • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		
KS Department of Health	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										