KOLAR Document ID: 1511699

WATER WELL RE		WWC-5 nge in Well Use		ision of Water urces App. No.		Well ID		
1 LOCATION OF WA		Fraction		tion Number	Township Numb			
County:	TER (TEEL)	1/4 1/4 1/4		tion i validoi	T S	R DE DW		
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and								
Business:		direction from 1	nearest town or intersection): If at owner's address, check here:					
Address:								
Address: City:	State:	ZIP:						
3 LOCATE WELL								
WITH "X" IN	X" IN 4 DEPTH OF COMPLETED WELL:							
SECTION BOX:	BOX: Depth(s) Groundwater Encountered: 1)							
N	2) ft. 3) ft., or 4) ☐ ☐ WELL'S STATIC WATER LEVEL:			Datum: WGS 84 NAD 83 NAD 27				
	below land surface, measured on (mo-day-yr)			Source for Latitude/Longitude:  GPS (unit make/model:)				
NW   NE				(WAAS enabled?  Yes No)				
	Pump test data: Well water was ft.			☐ Land Survey ☐ Topographic Map				
W E				Online Mapper:				
SW SE	Well water was ft.							
	after hours pumping gpn Estimated Yield:gpm			<b>6 Elevation</b> :ft. ☐ Ground Level ☐ TOC				
S	Bore Hole Diameter: in. to fi			Source:				
mile	Dote 11010 Diameters state to state to the and							
7 WELL WATER TO BE USED AS:								
1. Domestic: 5. $\square$ Public Water Supply: well ID								
Household	—				11. Test Hole: well ID			
Lawn & Garden	<b>—</b> 1 &							
☐ Livestock 2. ☐ Irrigation	<u> </u>			12. Geothermal: how many bores?				
3. ☐ Feedlot				b) Open Loop  Surface Discharge Inj. of Water				
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? $\square$ Yes $\square$ No								
8 TYPE OF CASING USED:  Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded								
Casing diameter in. to ft., Diameter ft., Diameter ft.								
Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
☐ 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. to								
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other								
Grout Intervals: From								
Nearest source of possible contamination: No potential source of contamination within 200 ft.								
☐ 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)								
Direction from well?   Distance from well?   ft.								
10 FROM TO	LITHOLO	OGIC LOG	FROM	TO LI	THO. LOG (cont.) or	PLUGGING INTERVALS		
			Notes:		·			
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 name of  Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.								
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.								
KS Department of Health and	end one copy to WATER	WELL OWNER and retain of	OO SW Jookson	ords. Fee of \$5.00 St. Suite 420 Tee	Tor each constructed we	ell. 37 - Talanhona 785-206-2565		