KOLAR Document ID: 1419977

WATER WELL RECORD Form WWC-5							Division of Water Resources App, No. Well ID						
Original Record Correction Change in Well Use 1 LOCATION OF WATER WELL: Fraction						II					go Numbor		
I LOCATION OF WATER WELL:FractionCounty: $\frac{1}{4}$ $\frac{1}{4}$													
county.							treet or Rural Address where well is located (if unknown, distance and						
2 WELL Business:		ist Name:		First:		rection from nearest town or intersection): If at owner's address, check here:							
Address:					unection n	rection nonintearest town of intersection). If at owner 5 address, check here.							
Address:													
City: State:				ZIP:									
3 LOCATE WELL WITH WY N 4 DEPTH OF COMPLETED WELL:							5 Tatit				(1 . 11)		
	WITH "A" IN Donth(s) Groundwater Encountered: 1)												
	SECTION BOX: (2) ft 2) ft or 4)												
ſ	N 2) II. 5) II., of 4) [] WELL'S STATIC WATER LEVEL:												
		below land surface, measured on (mo-day-yr)					GPS (unit make/model:) (WAAS enabled? ☐ Yes ☐ No)						
NW	NE	above land surface, measured on (mo-day-yr)											
		Pump test data: Well water was ft.					□ Land Survey □ Topographic Map			- /			
W	E	after hours pumping gpm							e Mapper:				
SW	SF	Well water was ft.											
	52	after hours pumping gpr				6 Elevation:ft. Ground Level TOC							
	s	Estimated Yield:gpm				Source: Land Survey GPS Topographic Map							
	-	Bore Hole Diameter: in. to f				$\Box \text{ Other } \Box \text{ or } B \text{ or } B$							
7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID 10. Oil Field Water Supply: lease 													
	□ Household												
				charge: well ID					\Box Uncased \Box (
	□ Livestock 8. □ Monitoring: well ID								al: how many bores				
2. 🗍 Irrigati									Loop Horizont				
	3. □ Feedlot □ Air Sparge □ Soil Vapor E						b) Open Loop 🗌 Surface Discharge 🔲 Inj. of Water						
4. 🗌 Industr		Recovery	□ Injection			13. 🗌 Other (specify):							
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:													
Water well disinfected? \Box Yes \Box No													
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded													
Casing diameter in. to ft., 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 □ Fiberglass □ PVC □ Other (Specify)													
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 ft. to ft., From ft. to ft., From ft. to ft.													
GRAVEL PACK INTERVALS: From													
Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft. to ft. to ft.													
Septic			on: Lateral Line	es 🗌 Pit Privy		Пτ	livestock Pe	200	🗖 Inspatia	ida Storago			
			Cess Pool	\square Sewage La	agoon		Fuel Storage			ide Storage med Water			
	ight Sewer Lin		Seepage Pit		igoon		Fertilizer Sto			ll/Gas Well	wen		
□ Other (Specify)													
Direction from well?													
10 FROM	TO		ITHOLOG		FROM		ТО		HO. LOG (cont.) or		G INTERVALS		
	1								. ,				
	İ												
	İ												
					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) and this record is true to the best of my knowledge and belief.													
under my j	urisdiction an	d was compl	eted on (n	no-day-year)	a	nd th	his record	is tru	e to the best of m	y knowled	ge and belief.		
Kansas Wa	ter Well Con	tractor's Lice	ense No	This W	ater Well	Keco	ord was con	mple	ted on (mo-day-ye	ear)			
under the business name of													
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.													
-	ttp://www.kdhel			,		2	,	· · r ·	,		SA 82a-1212		