KOLAR Document ID: 1592044

WATER WELL RE		WWC-5 ge in Well Use		ision of Water ources App. No.		Well ID		
1 LOCATION OF WA		Fraction		tion Number	Township Numb			
County:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1/4 1/4 1/4	1/4		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			C.					
WITH "X" IN	"X" IN 4 DEPTH OF COMPLETED WELL:				,			
SECTION BOX:	BOX: Depth(s) Groundwater Encountered: 1)			Longitude:(decimal degrees)				
N	2) It. 3) It., or 4) ☐ I WELL'S STATIC WATER LEVEL:			Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27 Source for Latitude/Longitude:				
	below land surface, measured on (mo-day-yr)			GPS (unit make/model:)				
NW NE	above land surface, measured on (mo-day-yr)			(WAAS enabled? ☐ Yes ☐ No)				
	Pump test data: Well water was ft.			☐ Land Survey ☐ Topographic Map				
E E				☐ Onli	ne Mapper:			
SXV SE	- SW SE Well water was ft. after hours pumping gpn							
	Estimated Yield:gpm			6 Elevation :ft. ☐ Ground Level ☐ TOC				
S	Bore Hole Diameter: in. to f			Source: ☐ Land Survey ☐ GPS ☐ Topographic Map				
mile								
7 WELL WATER TO BE USED AS:								
1. Domestic:	5. Public W			ease				
Household	-				11. Test Hole: well ID			
☐ Lawn & Garden ☐ Livestock				☐ Cased ☐ Uncased ☐ Geotechnical 12. Geothermal: how many bores?				
2. ☐ Irrigation				a) Closed Loop Horizontal Vertical				
3. ☐ Feedlot				b) Open Loop Surface Discharge Inj. of Water				
4. ☐ Industrial	Recovery							
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:								
Water well disinfected? ☐ Yes ☐ No								
8 TYPE OF CASING U	JSED: Steel P	VC Other	CASIN	NG JOINTS: [☐ Glued ☐ Clamped	l □ 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								
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	GIC 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 Water Geology Section 100	ne for your reco	ords. Fee of \$5.00	tor each <u>constructed</u> we	oll. Telephone 785 206 2565		