## KOLAR Document ID: 1591527

WATER				WWC-5		vision of Wat			Well ID			
Original Record       Correction       Change in Well Use         1       LOCATION OF WATER WELL:       Fraction					Resources App. No.         Well ID           Section Number         Township Number         Range Num			ge Number				
County: $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$						$\begin{array}{c} \text{T} \\ \text{T} \\ \text{S} \\ \text{R} \\ \text{E} \\ \text{E} \\ \text{W} \end{array}$						
	DWNER: La	st Name		First:		treet or Rural Address where well is located (if unknown, distance and						
						irection from nearest town or intersection): If at owner's address, check here:						
Address:	Address:						······································					
Address:			~									
City:			State:	ZIP:								
<b>3</b> LOCATE WELL WITH (SY) IN <b>4</b> DEPTH OF COMPLETED WELL:						5 Latit	tude:			(decimal degrees)		
	WITH "A" IN Depth(s) Groundwater Encountered: 1)				ft.	ft. Longitude:						
SECTION N	SECTION DOA: $(1)$ $(1)$ $(2)$ $(2)$ $(2)$ $(3)$ $(2)$ $(3)$					Datum: 🗌 WGS 84 🛛 NAD 83 🗌 NAD 27						
		WELL'S STATIC WATER LEVEL: ft.				Source	Source for Latitude/Longitude:					
		<ul> <li>below land surface, measured on (mo-day-yr)</li> <li>above land surface, measured on (mo-day-yr)</li> </ul>										
NW	NE						AAS enabled?		(o)			
		Pump test da					irvey 🗌 Topogra					
W	E	alter	hours Well w			Online I	Mapper:	•••••	•••••			
X sw	SE	after	hours									
		Estimated Y		- Spin	6 Elevation:ft. 🗌 Ground Level 🔲							
S		Bore Hole D		ft. and	and <u>Source</u> : Land Survey GPS Topographic							
1 mi	ile	in. to			ft.	Other						
7 WELL WATER TO BE USED AS:												
1. Domestic:				ter Supply: well ID								
Household 6. Dewatering: how								well ID				
			7. Aquifer Recharge: well ID				Cased Uncased Geotechnical					
	Livestock 8. Monitoring: well ID							: how many bores				
2. ☐ Irrigatio 3. ☐ Feedlot	Image: Intrigation     9. Environmental Remediation: well ID					a) Closed Loop  Horizontal  Vertical b) Open Loop  Surface Discharge  Inj. of Water						
4. Industria		☐ Air Sparge ☐ Soil Vapor Ex ☐ Recovery ☐ Injection			13. Other (specify):							
Was a chemical/bacteriological sample submitted to KDHE?       Yes       No       If yes, date sample was submitted:												
Was a chemical/bacteriological sample submitted to KDHE?  Yes No II yes, date sample was submitted:												
<b>8 TYPE OF CASING USED:</b> Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded												
<b>8 TYPE OF CASING USED:</b> Steel PVC Other CASING JOINTS: Glued Clamped Welded Intreaded Casing diameter in. to ft., Diameter ft., Diameter ft., Diameter												
Casing diameter in. to it., Diameter in. to it., Diameter it. Diameter it. Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No.												
TYPE OF SCREEN OR PERFORATION MATERIAL:												
$\Box \text{ Steel} \qquad \Box \text{ Stainless Steel} \qquad \Box \text{ PVC} \qquad \Box \text{ Other (Specify)} \dots \dots$												
□ Brass □ Galvanized Steel □ None used (open hole)												
SCREEN OR PERFORATION OPENINGS ARE:												
🗌 Continu	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.												
				n ft. to								
9 GROUT	MATERIA	L: $\square$ Neat c	ement	Cement grout B	entonite $\Box C$	Other						
				ft., From			1	ft. to	ft.			
Nearest sour			o <b>n:</b> No Lateral Line	potential source of constraints of Pit Privy		thin 200 ft. Livestock Po	land	🗖 Inspotio	ida Storago			
Septie 1			Cess Pool	S Intrivy		Fuel Storage			vide Storage			
				☐ Feedyard		Fertilizer Sto			ll/Gas Well	wen		
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify)												
Direction from well? ft.												
10 FROM	ТО		ITHOLOG		FROM	TO		O. LOG (cont.) or		G INTERVALS		
ļ							<u> </u>					
							ļ					
					NT 4							
├	Notes											
	ACTOD'S	OR LANDO	WNED?	CERTIFICATIO	N. This wata	r wall was		structed Trace	netruotad	or nlugged		
under my im	<b>11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was a constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year)											
Kansas Wate	er Well Con	tractor's Lice	ense No	This W	ater Well Red	cord was co	mplete	ed on (mo-day-ve	ear)	5- una bener.		
under the bu	isiness name	of										
	S	lend one copy to	WATER W	'ELL OWNER and retain	one for your rec	ords. Fee of \$	65.00 for	each constructed we	11.			
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.kdbeks.gov/waterwell/index.html KSA 82a-1212												