## KOLAR Document ID: 1453609

WATER		<b>ECORD</b> Correction		<b>WWC-5</b> e in Well Use		vision of Wat ources App.			Well ID		
		ATER WEL		Fraction		ction Numb		Township Numb		ige Number	
County: $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$							$\begin{array}{c c} T & S & R & \Box E & \Box W \end{array}$				
2 WELL Business: Address: Address: City:	OWNER: L		State:	First: ZIP:		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:					
	4 DEPTH OF COMPLETED WELL: SECTION BOX: 4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1)										
	SECTION DOA. $(1)$ ft $(2)$ ft $(2)$ ft $(2)$ ft $(2)$										
	WELL'S STATIC WATER LEVEL:										
		<ul> <li>□ below land surface, measured on (mo-day-yr)</li> <li>□ above land surface, measured on (mo-day-yr)</li> </ul>				· 🗌 🗌	GPS (unit make/model:)				
- X <sub>NW</sub>	NE						AAS enabled?		(o)		
w	E	-	Pump test data: Well water was ft. after hours pumping gpn					urvey 🗌 Topogra Mapper:			
	1		t.	Online Mapper:							
SW	SE	after	gpm	6 Elevation:ft.  Ground Level  TOC							
		Estimated Y		ft and		Source:  Land Survey  GPS  Topographic Map					
1 m	-	Bore Hole D			$\Box \text{ Other } \dots \square \text{ Other } \square$						
1 mile       in. to ft.       Other											
1. Domestic: 5.											
	$\square Household                                     $						11. Test Hole: well ID				
Lawn &	Lawn & Garden7. Aquifer Recharge: well IDLivestock8. Monitoring: well ID							l: how many bores			
2.  Irrigatio				al Remediation: well II				Loop $\Box$ Horizont			
3. 🗌 Feedlot	- 6				Extraction	b) (	b) Open Loop 🔲 Surface Discharge 🔲 Inj. of Water				
4. Industrial Recovery Injection							13. 🗌 Other (specify):				
Was a chemical/bacteriological sample submitted to KDHE? $\Box$ Yes $\Box$ No If yes, date sample was submitted:											
Water well disinfected? Yes No											
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter											
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)											
	$\Box$ Louvered Shutter $\Box$ Key Punched $\Box$ Wire Wrapped $\Box$ Saw Cut $\Box$ None (Open Hole)										
	SCREEN-PERFORATED INTERVALS: From ft. to ft., From										
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft.											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
		e contaminati		potential source of con			n	п. ю	π.		
			ateral Line			Livestock P	Pens	☐ Insectic	ide Storage		
Sewer I			Cess Pool		goon 🗌	Fuel Storag		Abando		Well	
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well											
Direction from well? ft.											
10 FROM	TO		ITHOLO		FROM	TO		IO. LOG (cont.) or	PLUGGIN	G INTERVALS	
							-				
				Notes:	lotes:						
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Constructed, Constructed, or											
under my jurisdiction and was completed on (mo-day-year) and this record is true to the best of my knowledge and belief.											
Kansas Wat	ter Well Cor	ntractor's Lice	nse No	This Wa	ater Well Red	cord was co	omplete	ed on (mo-day-ye	ear)		
under the bu	usiness nam	e of									
Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> 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											