KOLAR Document ID: 1496174

	WELL R	ECORD Correction		WWC-5		vision of Wa			Well ID		
			e in Well Use Fraction		Resources App. No Section Number		Township Numbe		ige Number		
1 LOCATION OF WATER WELL: County:Fraction1/41/4							$\begin{array}{c c} T & S & R & \Box E \Box W \end{array}$				
	OWNER: La	ast Name:		First:		eet or Rural Address where well is located (if unknown, distance and					
						lirection from nearest town or intersection): If at owner's address, check here:					
Address:											
Address:			C+-+-	70.							
City:			State:	ZIP:							
3 LOCAT WITH "		4 DEPTH	OF COM	IPLETED WELL: .	f	t. 5 Latit	5 Latitude:			(decimal degrees)	
SECTIO				Encountered: 1)		Long	Longitude:			(decimal degrees)	
N N		2) ft. 3) ft., or 4) \Box Dry We				Datu	Datum: WGS 84 NAD 83 NAD 27				
		WELL'S STATIC WATER LEVEL:						Latitude/Longitude:			
		 below land surface, measured on (mo-day-yr) above land surface, measured on (mo-day-yr) 					□ GPS (unit make/model:) (WAAS enabled? □ Yes □ No)				
NW	NE		vater was f		Land Survey Topographic Map						
w X	E	after hours pumping									
CW/		Well water was ft.									
SW	SE	after hours pumping gpm				6 Elevation:ft. Ground Level TOC					
			Estimated Yield:gpm Bore Hole Diameter: in. to ft. a				Source: Land Survey GPS Topographic Map				
	S nile	Bore Hole L									
1 mile											
1. Domestic: 5. Dublic Water Supply: well ID 10. Oil Field Water Supply: lease											
		ig: how many wells?				ole: well ID					
Lawn						□ Cased □ Uncased □ Geotechnical					
Livesto	Livestock 8. Monitoring: well ID							al: how many bores			
2. 🗌 Irrigati				al Remediation: well II				Loop _ Horizonta			
3. 🗌 Feedlo			Air Sparge	Extraction	b) Open Loop 🗌 Surface Discharge 🔲 Inj. of Water						
	4. \Box Industrial \Box Recovery \Box Injection13. \Box 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											
Steel Stainless 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. to ft., From ft. to ft.											
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft.											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
							n	ft. to	ft.		
Nearest sou		e contaminati	on: No Lateral Line	potential source of con es		Livestock P	lana		ida Staraga		
			Cess Pool	Sewage La		Fuel Storag					
	ight Sewer Lin		Seepage Pit			Fertilizer St					
□ Other (Specify)											
Direction from well?											
10 FROM	TO	I	ITHOLO	GIC LOG	FROM	ТО	LIT	HO. LOG (cont.) or	PLUGGIN	G INTERVALS	
					Notes:		1				
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged											
under my j	urisdiction ar	d was compl	eted on (n	no-day-year)	and	this record	is tru	ie to the best of my	knowled	ge and belief.	
Kansas Wa	ter Well Con	tractor's Lice	ense No	This Wa	ater Well Re	cord was co	omple	ted on (mo-day-ye	ar)		
under the b	usiness name	of									
KS Departr	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 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											