KOLAR Document ID: 1575272

WATER WELL RECORD Form WWC-5						W II ID			
1		ge in Well Use		sources App. N		Well ID	NY 1		
1 LOCATION OF	WATER WELL:	Fraction		ection Numbe			nge Number		
County:		1/4 1/4 1/4		1 4 1 1	T S		□ E □ W		
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and									
Business: direction from nearest town or intersection): If at owner's address, check here:									
Address:									
City:	State:	ZIP:							
3 LOCATE WELL	4 DEPTH OF COL			c	_				
WITH "X" IN		4 DEPTH OF COMPLETED WELL:							
SECTION BOX:		Depth(s) Groundwater Encountered: 1)			Longitude:(decimal degrees)				
N		2) ft. 3) ft., or 4) \(\subseteq \text{ Dry We} \) WELL'S STATIC WATER LEVEL: ft.			Datum: WGS 84 NAD 83 NAD 27				
		, measured on (mo-day-			e for Latitude/Longitud		,		
NW NE	above land surface, measured on (mo-day-yr)								
NW NE		Pump test data: Well water was ft.			☐ Land Survey ☐ Topographic Map				
W X E	after hours pumping gpm				Online Mapper:				
	Well v	Well water was ft.							
SW SE	after hours pumping gpm			(Florestion:					
		Estimated Yield:gpm			6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map				
S	Bore Hole Diameter: in. to ft. an			Source	Other				
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID									
1. Domestic:									
☐ Household ☐ Lawn & Garden	6. ☐ Dewatering: how many wells? en 7. ☐ Aquifer Recharge: well ID				11. Test Hole: well ID				
Livestock					12. Geothermal: how many bores?				
2. ☐ Irrigation				a) Closed Loop Horizontal Vertical					
3. ☐ Feedlot	9. Environmental Remediation: well ID				b) Open Loop Surface Discharge Inj. of Water				
4. ☐ Industrial	Recovery				her (specify):				
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:									
Water well disinfected? \square Yes \square No									
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded									
Casing diameter in. to									
Casing height above land surface in. Weight									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
☐ 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., From ft. to ft.									
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft.									
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other									
Grout Intervals: From ft. to ft., From ft., From ft. to ft.									
	ble contamination: No								
☐ 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)									
10 FROM TO	LITHOLOG		FROM		LITHO. LOG (cont.)		GINTERVALS		
10 11(01)(1	LITTOLOG	G10 H00	1 ICOIVI	10	LITTIO. LOG (COIII.)	LLLUUUIN	CHILKIALD		
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			Notes:	1					
	1 (Vec)								
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 jurisdiction and was completed on (mo-day-year)									
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.									
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									
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