## KOLAR Document ID: 1519845

	WELL R			WWC-5		vision of Wat					
		Correction		ge in Well Use		ources App.			Well ID		
			Fraction	Section Number			Township Numb		nge Number		
County:         1/4         1/4         1/4           2         WELL OWNER: Last Name:         First:         S						mal Addmass	$\begin{array}{c c c c c c c c c c c c c c c c c c c $				
Z WELL Business:		ast Name:		First:		rection from nearest town or intersection): If at owner's address, check here:					
Address:					uncetion nom						
Address:			~								
City:			State:	ZIP:							
<b>3</b> LOCATE WELL WITH "X" IN <b>4</b> DEPTH OF COMPLETED WELL:						t. 5 Latit	tude:			(decimal degrees)	
SECTION BOX: Depth(s) Groundw				Encountered: 1)			Longitude:(decimal degrees)				
1	Ν	2) WELL'S ST		□ Dry Well		Datum: 🗌 WGS 84 🔲 NAD 83 🔲 NAD 27					
				n. -yr)		Source for Latitude/Longitude:					
NW	NE			·yr)		(WAAS enabled? $\Box$ Yes $\Box$ No)					
		Pump test d				Land Survey Topographic Map					
w	E	after	hours			Online Mapper:					
swX	SE	after	Well v								
		after hours pumping gp Estimated Yield:gpm			gpin	6 Elevation:ft.  Ground Level  TOC				I Level 🔲 TOC	
	S	Bore Hole Diameter: in. to			ft. and	Source: Land Survey GPS Topographic Map					
1 r				in. to	ft.	□ Other					
7 WELL WATER TO BE USED AS:											
1. Domestic: ☐ House				ater Supply: well ID				ld Water Supply: le			
		6. □ Dewatering: how many wells? 7. □ Aquifer Recharge: well ID					11. Test Hole: well ID □ Cased □ Uncased □ Geotechnical				
				g: well ID			12. Geothermal: how many bores?				
2. 🗌 Irrigati	2. □ Irrigation 9. Environmental Remediation: we				)	a) Closed Loop Horizontal Vertical				ical	
3. 🗌 Feedlot 🔅 Air Sparge											
4. 🗌 Industr			Recovery	-				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 □ 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. to ft. to ft.											
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft. to ft.											
9 GROUT MATERIAL:  Neat cement  Cement grout  Bentonite  Other											
Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft.											
		e contaminati		potential source of con				<b>—</b> - ·			
☐ Septic ☐ Sewer			Lateral Line Cess Pool	es 🗌 Pit Privy 🗌 Sewage La		Livestock P Fuel Storage			ide Storage		
				Feedyard		Fuel Storage			ll/Gas Well		
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify)											
Direction fro	Direction from well? ft.										
10 FROM	TO	I	ITHOLO	GIC LOG	FROM	TO	LIT	HO. LOG (cont.) or	PLUGGIN	G INTERVALS	
					+						
					-						
					1						
	Notes:										
<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) and this record is true to the best of my knowledge and belief.											
under my ji	urisdiction at	nd was compl	leted on (n	no-day-year) This Wa	ter Woll Do	this record	1s tru	ted on (mo day w	y knowled	ge and belief.	
				····· 1 mis wa							
		Send one copy to	o WATER W	/ELL OWNER and retain of	one for your rec	ords. Fee of \$	5.00 f	or each constructed we	11.		
-				Water, Geology Section, 10	000 SW Jackson	n St., Suite 420	, Tope	ka, Kansas 66612-136			
Visit us at h	<u>ittp://www.kdhe</u>	ks.gov/waterwel	<u>1/1ndex.html</u>						KS	SA 82a-1212	