KOLAR Document ID: 1513321

	WELL F	RECORD Correction		WWC-5 e in Well Use		vision of Wat			Well ID		
				Fraction		ction Numb		Township Numbe		ge Number	
1 LOCATION OF WATER WELL: County:Fraction1/41/4							$\begin{array}{c c} T & S & R & \Box E & W \end{array}$				
2 WELL OWNER: Last Name: First: S Business: Address: Address:						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:					
3 LOCATE WELL											
WITH "X" IN 4 DEPTH OF COMPLETED WEL											
SECTIO	N BOX:			Encountered: 1)			Longitude:				
1	V		2) ft. 3) ft., or 4) Dr WELL'S STATIC WATER LEVEL:				Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude:				
			below land surface, measured on (mo-day-yr)					Latitude/Longitude: init make/model:)	
NW	NE			yr)			WAAS enabled?				
		Pump test da	Pump test data: Well water was ft.				□ Land Survey □ Topographic Map				
W	E	after	after hours pumping					Mapper:			
SW	SE	Well water was ft. after pour spumping gpm									
			Estimated Yield:				6 Elevation:ft. Ground Level TOC				
	s	Bore Hole D		ft. and	Source	Source: Land Survey GPS Topographic Map					
1 r				ft.	□ Other						
7 WELL WATER TO BE USED AS:											
1. Domestic: 5. □ Public Water Supply: well ID □ Household 6. □ Dewatering: how many wells?											
☐ Housel					11. Test Hole: well ID						
						12. Geothermal: how many bores?					
	□ Livestock 8. □ Monitoring: well ID . □ Irrigation 9. Environmental Remediation: well ID						a) Closed Loop \Box Horizontal \Box Vertical				
			Air Sparge	e 🗌 Soil Vapor I	Extraction		b) Open Loop 🗌 Surface Discharge 📋 Inj. of Water				
4. 🗌 Industr	rial		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? Ves No											
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded											
Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft. 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:											
	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											
GRAVEL PACK INTERVALS: From											
Grout Intervals: From											
Nearest sou	rce of possib	le contaminati	on: No	potential source of con	tamination wi	thin 200 ft.					
			lateral Line			Livestock P			ide Storage		
Sewer			Cess Pool	Sewage Lag	goon	Fuel Storage	e			Well	
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify)											
Direction from well?											
10 FROM	TO	L	ITHOLO	GIC LOG	FROM	TO	LIT	HO. LOG (cont.) or	PLUGGIN	G INTERVALS	
		Notes:									
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, a 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.											
Kansas Wa	ter Well Co	ntractor's Lice	ense No	This Wa	ater Well Re	cord was co	omple	ted on (mo-day-ye	ear)		
under the b	usiness nam	<u>e of</u>			<u></u>	1 1 1 1		1			
KS Departr	nent of Health			ELL OWNER and retain of Vater, Geology Section, 10						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.kdheks.gov/waterwell/index.html KSA 82a-1212											