## KOLAR Document ID: 1533391

WATER WE				<b>WWC-5</b> e in Well Use		vision of Wa ources App.			Well ID		
			Fraction		ction Numb		Township Numb		ige Number		
						1 8					
county.						$\begin{array}{c c c c c c c c c c c c c c c c c c c $					
						irection from nearest town or intersection): If at owner's address, check here:					
Address:				unection nom	rection nonnicatest town of intersection). If at owner 5 address, check here.						
Address:	Address:										
City:			State:	ZIP:							
	<b>3</b> LOCATE WELL WITH (SY) IN <b>4</b> DEPTH OF COMPLETED WELL:									(1	
WITH "X" IN			Encountered: 1)								
SECTION BOX	X:			Dry Well		Longitude:					
Ν		WELL'S ST			Source for Latitude/Longitude:						
	□ below la	and surface	yr)		GPS (unit make/model:)						
NW NE	NW NE			above land surface, measured on (mo-day-yr)				(WAAS enabled? ☐ Yes ☐ No)			
	Pump test da	ata: Well w	t.		□ Land Survey □ Topographic Map						
w X	after			Onlin	e Mapper:	· · · · · · · · · · · · · · · · · · ·					
SW SF	SW SE			Well water was ft.							
				after hours pumping gp Estimated Yield:				6 Elevation:ft.  Ground Level  TOC			
			£		Source:  Land Survey  GPS  Topographic Map						
5	S			Bore Hole Diameter: in. to							
7 WELL WATER TO BE USED AS:         1. Domestic:       5. <ul> <li>Public Water Supply: well ID</li> <li>10.              <li>Oil Field Water Supply: lease</li> </li></ul>											
□ Household							10.				
	□ Lawn & Garden							$\Box$ Uncased $\Box$			
								al: how many bores			
2. I Irrigation							a) Closed Loop $\Box$ Horizontal $\Box$ Vertical				
3. 🗌 Feedlot	C						b) Open Loop $\Box$ Surface Discharge $\Box$ Inj. of Water				
4. 🗌 Industrial		13. 🗌 0	13. Other (specify):								
Was a chemical/bacteriological sample submitted to KDHE?  Yes No If yes, date sample was submitted:											
Water well disinfected? $\Box$ Yes $\Box$ 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 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											
				ft., From			n	ft. to	ft.		
Nearest source of	possible			potential source of con-							
Septic Tank			lateral Line			Livestock F			cide Storage		
Sewer Lines			Cess Pool	Sewage Lag					oned Water		
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well											
Direction from well? ft.											
10 FROM TO			ITHOLO		FROM	ТО		It. THO. LOG (cont.) or		GINTERVALS	
	,	L			TROW	10			LUCOIN	S HVIER VALS	
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<u>├</u>											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, a reconstructed, or plugged											
under my jurisdie	under my jurisdiction and was completed on (mo-day-year)										
Kansas Water We	ell Cont	tractor's Lice	ense No		ter Well Re	cord was co	)mnle	eted on (mo-day-ve	ear)	<sub>2</sub> e and benef.	
under the busines	s name	of						·····	·····		
	S	end one copy to	WATER W	ELL OWNER and retain of	one for your rec	ords. Fee of S	\$5.00 f	for each constructed we	11.		
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://ww	w.kdhek	s.gov/waterwel	/index.html						KS	SA 82a-1212	