## KOLAR Document ID: 1568691

WATER WELL RECORD Form WWC-5				ision of Wate							
Original Record       Correction       Change in Well Use         1       LOCATION OF WATER WELL:       Fraction				Resources App. No.         Well ID           Section Number         Township Number         Range N			ao Numbor				
1 LOCATION OF WATER WELL: County:Fraction1/41/41/41/4				uon numbe		R R	ge Number $\Box \to \Box W$				
2 WELL OWNER: L	ast Name:		Rural Address where well is located (if unknown, distance and								
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:											
Address:											
Address:											
City:	State:	ZIP:									
<b>3</b> LOCATE WELL	4 DEPTH OF C	COMPLETED WELL:	ft	5 Latitu	de:		(decimal degrees)				
WITH "X" IN SECTION BOX:	Depth(s) Groundw	ater Encountered: 1)	ft.	Longitude:(decimal degrees)							
N		t. 3) ft., or 4)		Datum: WGS 84 NAD 83 NAD 27							
		WATER LEVEL:		Source	for Latitude/Longitud						
		face, measured on (mo-da			GPS (unit make/model:)						
NW NE	above land sur		(WAAS enabled?  Yes No)								
		ell water was		$\Box$ Land Survey $\Box$ Topographic Map							
W E		Vell water was		Online Mapper:							
SW   SE	after										
	Estimated Yield: .	or or	6 Elevation:ft. Ground Level TOC								
S		er: in. to	ft. and	Source:  Land Survey  GPS  Topographic Map							
1 mile											
7 WELL WATER TO BE USED AS:											
1. Domestic: 5. Dublic Water Supply: well ID											
□ Household       6. □ Dewatering: how many wells?         □ Lawn & Garden       7. □ Aquifer Recharge: well ID					11. Test Hole: well ID						
Lawn & Garden	-	6			sed 🗌 Uncased 🔲						
☐ Livestock 2. ☐ Irrigation	<b>Ξ</b> υ				12. Geothermal: how many bores?						
3. □ Feedlot □ Air Sparge □ Soil Vapor Ext				a) Closed Loop  Horizontal  Vertical b) Open Loop  Surface Discharge  Inj. of Water							
4. Industrial Recovery Injection				13. $\Box$ Other (specify):							
Was a chemical/bacteriological sample submitted to KDHE?       Yes       No       If yes, date sample was submitted:											
Water well disinfected? $\square$ Yes $\square$ No											
		$PVC \square Other$	CASI	JG IOINTS		d 🗆 Welde	1 🗆 Threaded				
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.											
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											
Septic Tank	Lateral			Livestock Pe	ns 🗆 Insect	icide Storage					
Sewer Lines	$\Box$ Cess P			Fuel Storage		loned Water					
		e Pit 🗌 Feedyard		Fertilizer Stor		ell/Gas Well					
□ Other (Specify)											
Direction from well? ft.											
10 FROM TO	LITHC	LOGIC LOG	FROM	TO	LITHO. LOG (cont.) of	or PLUGGIN	G INTERVALS				
├											
			Notes:								
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.											
Kansas Water Well Contractor's License No This Water Well Record 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 <u>constructed</u> 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.											
		a or mater, ocology section,	1000 BW Jackson	Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212							