KOLAR Document ID: 1569954

WATER WELL RECORD Form WWC-5						W 11 IF			
<u> </u>		ge in Well Use		sources App. N		→ Well ID			
1 LOCATION OF V	VATER WELL:	Fraction		ection Numbe			ange Number		
County:	1/4 1/4 1/4	1/4 C4	1 A 1.1		S R	□ E □ W			
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:									
Business: direction from nearest town or intersection): If at owner's address, check here:									
Address:									
City:	State:	ZIP:							
3 LOCATE WELL	TE WELL 4 DEPTH OF COMPLETED WELL:				rdo.		(1 ' 11 )		
WITH "X" IN	Depth(s) Groundwater				Longitude:				
SECTION BOX:		2) ft. 3) ft., or 4) \[ \subseteq \text{Dry We}			n: 🗌 WGS 84 🔲 N				
N	WELL'S STATIC WATER LEVEL: ft.				e for Latitude/Longitu		NAD 21		
		, measured on (mo-day-			·· GPS (unit make/model:)				
NW NE	□ above land surface, measured on (mo-day-yr)			🗀 🤊	· (WAAS enabled?  Yes No)				
	Pump test data: Well water was ft.			□L	☐ Land Survey ☐ Topographic Map				
W E		s pumping		Online Mapper:					
SW X	Well water was ft.								
	after hours pumping gpm			6 Elevation:ft. ☐ Ground Level ☐ TOC					
S	Estimated Yield:gpm Bore Hole Diameter:in. toft. a				Source: Land Survey GPS Topographic Map				
mile	in. to ft.				Other				
7 WELL WATER TO BE USED AS:									
1. Domestic:		ater Supply: well ID		. 10. □ Oi	l Field Water Supply:	lease			
☐ Household		g: how many wells?			11. Test Hole: well ID				
Lawn & Garden					☐ Cased ☐ Uncased ☐ Geotechnical				
☐ Livestock	8. Monitorin			12. Geothermal: how many bores?					
2.  Irrigation	9. Environmenta	) Extraction		a) Closed Loop					
3. ☐ Feedlot	☐ Air Sparge		b) Open Loop ☐ Surface Discharge ☐ Inj. of Water						
4. Industrial Recovery Injection 13. Other (specify):									
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:									
Water well disinfected?									
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other									
Casing diameter									
Casing height above land surface									
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)									
☐ Continuous Stot ☐ Mili Stot ☐ Gauze Wrapped ☐ Total Cut ☐ Diffied Holes ☐ Other (Specify)									
SCREEN-PERFORATED INTERVALS: From ft., From ft., From ft., From ft. to ft.									
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft. to ft.									
9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other									
Grout Intervals: From									
	ole 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)         Direction from well?         ft.									
10 FROM TO	LITHOLOG		FROM		LITHO. LOG (cont.)		NC INTEDVALE		
IU I'ROW IU	LITHOLUG	OIC LOG	FRUM	10	LITTO, LOG (CONT.)	or r LUGGI.	IN TERVALS		
				+					
				+					
			+	+					
				+					
				+					
			Notes:	1 1					
	110003								
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)									
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 <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> KSA 82a-1212									
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