## KOLAR Document ID: 1602137

	WELL R			WWC-5		ision of Wat			Well ID		
	Original Record       Correction       Change in Well Use         LOCATION OF WATER WELL:       Fraction					Resources App. No.         Well ID           Section Number         Township Number         Range Number			ge Number		
County: 1/4 1/4 1/4						$\begin{array}{c c} T & S & R & \Box E \Box W \\ \end{array}$					
2 WELL OWNER: Last Name: First: S Business: 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:					
Address: City:	City: State: ZIP:										
3 LOCAT	E WELL				0		_				
WITH "	<b>4 DEPTH OF COMPLETED WELL:</b> Depth(s) Groundwater Encountered: 1)										
	SECTION BOX: N $2) \dots \dots ft. 3) \dots ft., or 4) \square$										
ľ	N		ELL'S STATIC WATER LEVEL:				Source for Latitude/Longitude:				
			·yr)		GPS (unit make/model:)						
NW	NE	Pump test d	yr)		(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map						
w	Е	-	hours								
		arterri	Well w		Online Mapper:						
SW	SE		after hours pumping gpm				6 Elevation:ft.  Ground Level  TOC				
		Estimated Y		6 J	Source:  Land Survey  GPS  Topographic Map						
1 r	-	Dole Hole I	Bore Hole Diameter: in. to			Other					
7 WELL WATER TO BE USED AS:											
1. Domestic: 5.											
	□ Household 6. □ Dewatering: how many wells? □ Lawn & Garden 7. □ Aquifer Recharge: well ID					11. Test Hole: well ID					
Lawn d				echarge: well ID							
2.  Irrigati						12. Geothermal: how many bores? a) Closed Loop ☐ Horizontal ☐ Vertical					
3. 🗌 Feedlo	3. □ Feedlot □ Air Sparge □ Soil Vapor Ex					b) Open Loop 🔲 Surface Discharge 🔲 Inj. of Water					
4. 🗌 Industr	rial		Recovery	□ Injection		13. 🗌 O	Other (s	pecify):			
Was a chemical/bacteriological sample submitted to KDHE?  Yes 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											
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:											
	$\Box$ Louvered Shutter $\Box$ Key Punched $\Box$ Wire Wrapped $\Box$ Saw Cut $\Box$ None (Open Hole)										
SCREEN-F	SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft., From ft., From ft. to ft.										
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft. o ft. o ft. o ft. o ft. to ft. ft. ft. ft. ft. ft. ft. ft. ft.											
				ft., From			n	II. to	II.		
			Lateral Line			Livestock P	ens	☐ Insectic	ide Storage		
Sewer			Cess Pool		goon 🗌	Fuel Storage		🗌 Abando		Well	
	ight Sewer Lin			☐ Feedyard		Fertilizer St	torage	🗌 Oil Wel	l/Gas Well		
Other (Specify)         Direction from well?         Distance from well?											
10 FROM	TO		ITHOLOG		FROM	ТО		IO. LOG (cont.) or	PLUGGIN	G INTERVALS	
							-				
							1				
					Notes:		•				
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, a reconstructed, or plugged											
under my i	urisdiction an	d was compl	eted on (n	no-dav-vear)	and	this record	is true	e to the best of my	v knowled	ge and belief.	
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											
under the b	usiness name	of				and a E- CA	5 00 0				
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.											
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212											