KOLAR Document ID: 1410789

WATER WELL REC		WWC-5		ision of Water urces App. No.		Well ID	
Original Record Correction Change in Well Use  1 LOCATION OF WATER WELL: Fraction			Section Num		Township Numb		
County:	TR TTELL	1/4 1/4 1/4	1/4	tion i validor	T S	R DE DW	
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and							
Business:		direction from 1	nearest town or intersection): If at owner's address, check here:				
Address: Address:							
City:	State:	ZIP:					
3 LOCATE WELL		- 1					
WITH "X" IN 4	TH "X" IN 4 DEPTH OF COMPLETED WELL:						
SECTION BOX: De	BOX: Depth(s) Groundwater Encountered: 1)			Longitude:(decimal degrees)			
N W	2) ft. 3) ft., or 4) ☐ ☐ WELL'S STATIC WATER LEVEL:			Datum: WGS 84 NAD 83 NAD 27			
	below land surface, measured on (mo-day-yr)			Source for Latitude/Longitude:  GPS (unit make/model:)			
\				(WAAS enabled? ☐ Yes ☐ No)			
100   100   Pu	Pump test data: Well water was ft.			☐ Land Survey ☐ Topographic Map			
W E					☐ Online Mapper:		
SW SE	Well water was ft.						
	after hours pumping gpr Estimated Yield:gpm			<b>6 Elevation</b> :ft. ☐ Ground Level ☐ TOC			
	Bore Hole Diameter: in. to			Source:			
mile					Other		
7 WELL WATER TO BE USED AS:							
1. Domestic: 5. ☐ Public Water Supply: well ID							
☐ Household 6. ☐ Dewatering: how many wells?							
	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID			☐ Cased ☐ Uncased ☐ Geotechnical			
☐ Livestock 2. ☐ Irrigation	_			12. Geothermal: how many bores?			
2. ☐ Irrigation 9. Environmental Remediation: Well ID .  3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extended a control of the con				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?  Yes No							
8 TYPE OF CASING USE		C  Other	CASIN	IG JOINTS: [	Glued Clamped	l  Welded  Threaded	
Casing diameter in. to ft., Diameter ft., Diameter ft.							
Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)							
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ 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., From 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							
Nearest source of possible contamination:  ☐ 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?   Distance from well?   ft.							
10 FROM TO	LITHOLOG	GIC LOG	FROM	TO LI	THO. LOG (cont.) or	PLUGGING INTERVALS	
						<u> </u>	
			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)							
Kansas Water Well Contractor's License No							
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 http://www.kdheks.gov/waterwell/index.html  KSA 82a-1212							