KOLAR Document ID: 1414513

	WELL R			WWC-5		vision of Wat					
		Correction		ge in Well Use		sources App.			Well ID		
				Fraction				Township Numb		ige Number	
County: 1/4 1/4 1/4 2 WELL OWNER: Last Name: First: S						1 4 1 1					
2 WELL Business:		ast Name:		First:		treet or Rural Address where well is located (if unknown, distance and rection from nearest town or intersection): If at owner's address, check here:					
Address:					direction from	ection from hearest town of intersection). If at owner's address, check here.					
Address:											
City:		1	State:	ZIP:		T					
3 LOCATE WELL WITTH WY IN 4 DEPTH OF COMPLETED WELL:						t. 5 Latit	tude [.]	:		(decimal degrees)	
	WITH "X" IN SECTION BOX:						Longitude:(decimal degrees)				
N (2)			ft. 🤅	3) ft., or 4)	🗌 Dry Well			WGS 84 🗌 NAI		NAD 27	
	· · · · · · · · · · · · · · · · · · ·	WELL'S ST					Latitude/Longitude				
			y-yr) y-yr)			unit make/model:					
NW	NE - 🗙	Pump test d				(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map					
w	Е	-	hours			Online Mapper:					
			Well w	ft.							
SW	SE	after hours pumping gpm				6 Elevation:ft. Ground Level TOC					
	s	Estimated Yield:gpm Bore Hole Diameter:in. to			£	Source: Land Survey GPS Topographic Map					
		Bore Hole Diameter: in. to in. to									
1 mile											
1. Domestic: 5. Public Water Supply: well ID 10. Oil Field Water Supply: lease 											
House			6. Dewatering: how many wells?				11. Test Hole: well ID				
🗌 Lawn a			7. 🗌 Aquifer Recharge: well ID				Cased Uncased Geotechnical				
	□ Livestock 8. □ Monitoring: wel							al: how many bores			
	2. □ Irrigation 9. Environmental Remediation: w 3. □ Feedlot □ Air Sparge □ Soil Va										
3. Eredlot Air Sparge 4. Industrial Recovery					$13. \square Other (specify):$						
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:											
Was a chemical bacteriological sample sublinitied to \mathbf{KDHE} ? \Box res \Box No \Box yes, date sample was sublinited:											
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded											
Casing diameter in. to ft., Diameter in. to 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 ft. to ft., From ft. to ft., From ft. to ft.											
		e contaminati			-	T :		T I I I I I I I I I I	: 1. C		
Septic '			Lateral Line Cess Pool	es		Livestock P Fuel Storage			cide Storage		
	ight Sewer Lir		Seepage Pit			Fertilizer St			ll/Gas Well	wen	
□ Other (Specify)											
Direction from well? ft.											
10 FROM	TO	I	ITHOLOG	GIC LOG	FROM	TO	LIT	THO. LOG (cont.) 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 Wa	ter Well Cor	tractor's Lice	ense No	This W	ater Well Re	cord was co	mple	eted on (mo-day-ve	ear)	5° and 5° 101.	
	usiness name	e of									
KS Danarty				ELL OWNER and retain						785-296-3565	
-	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										