KOLAR Document ID: 1605964

WATER WELL RECORD Form WWC-5 Di						W II ID			
Original Record		ge in Well Use		sources App. I		Well ID	NY 1		
1 LOCATION OF	WATER WELL:	Fraction		ection Number			nge Number		
County:		1/4 1/4 1/4		1 A 11	T S		□ E □ W		
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and direction from pearest 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 4 DEPTH OF COMPLETED WELL:				ft 5 T of:t	uda.		(1 ' 11)		
WITH "X" IN	Donth(s) Groundwater Engagement (1)								
SECTION BOX:	DECTION BOX: ft 2) ft or 4) \square Dev				Longitude: (decimal degrees) Datum: WGS 84 NAD 83 NAD 27				
N	WELL'S STATIC WATER LEVEL:				e for Latitude/Longitud		NAD 21		
	□ below land surface, measured on (mo-day-yr)				PS (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 after hours pumpinggpm				Online Mapper:				
SW SE	Well water was ft. E after hours pumping gpm								
			gpm	6 Eleva	6 Elevation :ft. ☐ Ground Level ☐ TOC				
S	Estimated Yield:	gpm in. to	ft and		Source:				
1 mile			in. to ft.			Other			
7 WELL WATER TO BE USED AS:									
1. Domestic:		ater Supply: well ID		. 10. \square O	il Field Water Supply:	lease			
☐ Household		ng: how many wells?							
Lawn & Garden	echarge: well ID			ased Uncased	☐ Uncased ☐ Geotechnical				
☐ Livestock 8. ☐ Monitoring: well ID				•					
2. Irrigation					a) Closed Loop Horizontal Vertical				
3. ☐ Feedlot					b) Open Loop				
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 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)									
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)									
SCREEN-PERFORATED INTERVALS: From ft., From ft., From ft., From ft. to ft.									
GRAVEL PACK INTERVALS: From									
9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other.									
Grout Intervals: From									
	sible 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	LITHOLO		FROM		LITHO. LOG (cont.) o		C INTERVALE		
10 FROM 10	LITHOLO	GIC LOG	FROM	10	LITHO. LOG (COIII.)	I FLUGGIN	UINTERVALS		
			+						
			+	1					
			+	+ +					
			+	1					
			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)									
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 http://www.kdheks.gov/waterwell/index.html KSA 82a-1212									
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