KOLAR Document ID: 1425452

	WELL R	ECORD Correction		WWC-5 e in Well Use			vision of W ources App			Well ID			
		ATER WEL		Fraction			tion Nun		Township Numb		ige Number		
County: $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$							$\begin{array}{c c} T & S & R & \Box E & \Box W \\ \end{array}$						
2 WELL OWNER: Last Name: First: S							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:						
City:			State:	ZIP:									
	3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL:												
	SECTION BOX: Depth(s) Groundwater Encountered: 1)												
	2) ft. 3) ft., or 4) [WELL'S STATIC WATER LEVEL:												
			below land surface, measured on (mo-day-yr)						<u>r Latitude/Longitude</u> : (unit make/model:				
NW	NE	above land surface, measured on (mo-day-yr				-yr)			(WAAS enabled?				
		Pump test data: Well water was ft. after hours pumping gr							Survey 🗌 Topogra				
W	E	aner	Well water was ft.] Onlii	ne Mapper:				
SW	after g								G				
			nated Yield:gpm Hole Diameter:in. to			6 J	6 Elevation:ft. □ Ground Level □ TOO Source: □ Land Survey □ GPS □ Topographic Mag						
5 Bore Ho			in. to										
7 WELL WATER TO BE USED AS:													
1. Domestic: 5. Public Water Supply: well ID 													
	 ☐ Household ☐ Lawn & Garden 6. ☐ Dewatering: how many wells? 7. ☐ Aquifer Recharge: well ID 							11. Test Hole: well ID					
	Livestock 8. Monitoring: well ID							12. Geothermal: how many bores?					
	. Irrigation 9. Environmental Remediation: well ID.						a) Closed Loop 🔲 Horizontal 🗌 Vertical						
	3. Feedlot Air Sparge Soil Vapor I 4. Industrial Recovery Injection						b) Open Loop □ Surface Discharge □ Inj. of Water 13. □ Other (specify):						
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? \square Yes \square No													
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded													
Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft.													
Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No													
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)												
					_					ft. to	ft.		
	SCREEN-PERFORATED INTERVALS: From ft. to ft. to												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other													
Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft. to ft. to ft.													
Septic '	Tank		Lateral Line				Livestock	Pens	□ Insectio	cide Storage			
Sewer]			Cess Pool				Fuel Stora			oned Water			
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify)													
Direction from well? ft.													
10 FROM	TO	L	ITHOLOG	GIC LOG		FROM	TO	Lľ	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 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.													
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