## KOLAR Document ID: 1529992

	WELL R	<b>ECORD</b> Correction		<b>WWC-5</b> ge in Well Use		ivision of V sources Ap			Well ID			
		ATER WEL		Fraction		ection Nu	-	Township Numb		ge Number		
County:					1/4 <sup>1</sup> /4		moer	T S	R	$\Box E \Box W$		
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 LOCAT WITH "		ft. <b>5 Latitude</b> :(decimal degrees)										
	ON BOX:		n(s) Groundwater Encountered: 1)			Longitude:(decimal degrees)						
1	N	2) ft. 3) ft., or 4)  Dr WELL'S STATIC WATER LEVEL:				Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude:						
X			below land surface, measured on (mo-day-yr)				GPS (unit make/model:)					
NW	NE		y-yr)		(WAAS enabled? ☐ Yes ☐ No)							
		-	Pump test data: Well water was ft. after hours pumping gpm				□ Land Survey □ Topographic Map □ Online Mapper:					
W				Well water was ft.				ne Mapper:	••••••			
					pumping gpm			6 Elevation: the Cround Loval TOC				
	S		Estimated Yield:gpm Bore Hole Diameter:in. toft.				6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map					
	s nile	Dore Hole I	in. to				Other					
7 WELL WATER TO BE USED AS:												
1. Domestic				ater Supply: well ID								
				ig: how many wells? . echarge: well ID		11. Test Hole: well ID						
				g: well ID		12. Geothermal: how many bores?						
	2. Irrigation 9. Environmental Remediation: wel					a) Closed Loop 🔲 Horizontal 🗌 Vertical						
3.				-	Soil Vapor Extraction			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? $\square$ 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												
TYPE OF SCREEN OR PERFORATION MATERIAL:         Steel       PVC         Other (Specify)												
Brass     Galvanized Steel     None used (open hole)												
SCREEN OR PERFORATION OPENINGS ARE:												
$\Box$ Continuous Slot $\Box$ Mill Slot $\Box$ Gauze Wrapped $\Box$ Torch Cut $\Box$ Drilled Holes $\Box$ Other (Specify)												
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) SCREEN-PERFORATED INTERVALS: From												
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												
Septic			Lateral Line			Livestoc		□ Insectio	cide Storage			
Sewer	Lines		Cess Pool	Sewage I	agoon	Fuel Stor	rage	Abando	oned Water			
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well												
Direction from well? ft.												
10 FROM	TO		ITHOLO		FROM	ТО		THO. LOG (cont.) or		G INTERVALS		
							_					
					NT = 4							
	├				Notes:							
11 CONT	RACTOR'S	OR LAND	OWNER'S	S CERTIFICATIO	<b>N:</b> This wa	ter well w	as □ c	constructed, $\Box$ reco	onstructed,	or plugged		
under my J Kansas Wa	urisaiction ai iter Well Cou	nd was compl ntractor's Lice	eted on (n ense No	no-day-year) 	aı Vater Well R	u tnis reco ecord was	ora is ti compl	eted on (mo-day-yeted)	y knowled; ear)	ge and belief.		
	usiness name	e of										
		Send one copy to	WATER W	ELL OWNER and retain	n one for your i	ecords. Fee	of \$5.00	for each constructed we	211.			
	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.kdbeks.gov/waterwell/index.html KSA 82a-1212											