KOLAR Document ID: 1428263

	WELL R	ECORD Correction		WWC-5 e in Well Use		vision of Wat ources App.			Well ID		
		ATER WEL		Fraction		ction Numb		Township Numbe		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 Business: Address: Address: City:	OWNER: L		State:	First: ZIP:		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:					
3 LOCATE WELL											
	4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1)										
	SECTION DOX. (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)										
	WELL'S STATIC WATER LEVEL:										
				yr)	· 🗌 🗌 (GPS (u	nit make/model:				
NW	NE			yr) t		(WAAS enabled? 🗌 Yes 🗌 No)					
w	E	~	Pump test data: Well water was ft. after hours pumping gpr				□ Land Survey □ Topographic Map □ Online Mapper:				
			Well water was ft.								
sw X	SE		hours	gpm	6 Elevation:ft. Ground Level TOC						
	S	Estimated Y Bore Hole D		ft and		Source: Land Survey GPS Topographic Map					
1 n	-	Bole Hole L									
1 mile											
1. Domestic: 5.											
	Household 6. Dewatering: how many wells										
\Box Lawn a	Lawn & Garden7. Aquifer Recharge: well IDLivestock8. Monitoring: well ID						Cased Uncased Geotechnical				
2. 🗌 Irrigati				al Remediation: well II			a) Closed Loop \square Horizontal \square Vertical				
3. 🗌 Feedlo	3. ☐ Feedlot					b) (b) Open Loop 🔲 Surface Discharge 🔲 Inj. of Water				
4. Industrial Recovery Injection						13. 🗌 C	13. 🗌 Other (specify):				
Was a chemical/bacteriological sample submitted to KDHE? \Box Yes \Box No If yes, date sample was submitted:											
Water well disinfected? Yes No 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded											
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter in. to ft., Diameter ft., Diameter ft., Diameter											
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)											
\Box Louvered Shutter \Box Key Punched \Box Wire Wrapped \Box Saw Cut \Box None (Open Hole)											
	SCREEN-PERFORATED INTERVALS: From ft. to ft., From										
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft.											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Intervals: From											
Septic '			ateral Line			Livestock P	Pens	☐ Insectic	ide Storage		
Sewer I			Cess Pool		goon 🗌	Fuel Storag		🗌 Abando		Well	
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well											
Direction from well? ft.											
10 FROM	TO		ITHOLO		FROM	TO		IO. LOG (cont.) or	PLUGGIN	G INTERVALS	
							-				
							1				
			Notes:	es:							
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged											
under my i	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 This Water Well Record was completed on (mo-day-year) under the business name of											
under the b	usiness nam	e of	WATED			ondo E- CA	ts 00 c				
Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> 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											