## KOLAR Document ID: 1666276

# WATER WELL RECORD (WWC-5)

KOLAR DOC ID \_\_\_\_\_ WELL ID \_\_\_\_\_

### LOCATION OF WATER WELL

| Latitude | Longitude | Section | Township | Range | E<br>W | Fraction | : | /4 | 1⁄4 | 1⁄4 |
|----------|-----------|---------|----------|-------|--------|----------|---|----|-----|-----|
| Datum    | Elevation | County  |          |       |        |          |   |    |     |     |

#### WATER WELL OWNER

| Name                  |  |
|-----------------------|--|
| Business              |  |
| Address               |  |
| Well location         |  |
| at owner's<br>address |  |

## WELL WATER USE

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| WELL INFORMATION                           |     |     |
|--------------------------------------------|-----|-----|
| Depth of well:                             | ft. |     |
| Dry well                                   |     |     |
| Static water level in well:                |     | ft. |
| measured below land surface on (mm/dd/yy): |     |     |
| measured above land surface on (mm/dd/yy): |     |     |

**GROUT & PLUGGING MATERIALS** 

| PERMIT & ID NUMBERS (AS REQUIRED)       |
|-----------------------------------------|
| DWR Application No.:                    |
| KDHE / EPA Project Code:                |
| Site Name:                              |
| KDHE UIC Class V Form Completed: Yes No |
| County Permit: Yes No Permit ID:        |
| Lease Name & Well #:                    |
| # of boreholes: # of dewatering wells:  |

#### CASING

## Type of blank casing used: \_\_\_\_\_\_ Casing type details: \_\_\_\_\_\_ Blank casing diameter: \_\_\_\_\_\_ inches Was casing removed? Yes No Top of casing is currently \_\_\_\_\_\_ feet \_\_\_\_\_\_ ground Reason required if top of casing is now less than 5 feet below ground surface for a hand dug well or less than 3 feet below ground surface for all other types of wells.

| Grout or Plugging<br>interval (ft.) |  | Material | Description |  |  |  |  |  |  |
|-------------------------------------|--|----------|-------------|--|--|--|--|--|--|
| From To                             |  |          |             |  |  |  |  |  |  |
|                                     |  |          |             |  |  |  |  |  |  |
|                                     |  |          |             |  |  |  |  |  |  |
|                                     |  |          |             |  |  |  |  |  |  |
|                                     |  |          |             |  |  |  |  |  |  |
|                                     |  |          |             |  |  |  |  |  |  |
|                                     |  |          |             |  |  |  |  |  |  |
|                                     |  |          |             |  |  |  |  |  |  |

#### COMMENTS

### CONTRACTOR'S OR LANDOWNERS CERTIFICATION

| This water well was plugged pursuant to the stated water well contractor's license and was completed on           | I certify that this        |
|-------------------------------------------------------------------------------------------------------------------|----------------------------|
| record is true to the best of my knowledge and belief. This water well record was completed on                    | under the business name of |
| , Kansas Water Well Contractor's License No.                                                                      | under the                  |
| authority of the designated person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic sig | nature of the designated   |
| person at its submittal                                                                                           |                            |

Send one copy to WATER WELL OWNER and retain one for your records.

| DM          | 3                           |                          | WATER                               | WELL                                | RECOR                     |                                         | orm W                         | NC-5 KSA 82a                                                                           | -1212                   | $\sim$                         | 20pr                                   |                         |                   |
|-------------|-----------------------------|--------------------------|-------------------------------------|-------------------------------------|---------------------------|-----------------------------------------|-------------------------------|----------------------------------------------------------------------------------------|-------------------------|--------------------------------|----------------------------------------|-------------------------|-------------------|
| 1 LOCAT     | ION OF WAT                  |                          | Fraction                            |                                     |                           |                                         | 5111 11                       | Section Number                                                                         | Township                | Number                         |                                        | nge Nur                 | mber              |
| County:     | Cowley                      |                          | NE 1/4                              | SW                                  | 1⁄4                       | NE                                      | 1/4                           | 19                                                                                     | т 33                    | S                              | R                                      | 4                       | <b>EN</b>         |
|             |                             |                          | n or city street ad                 |                                     |                           | located                                 | within c                      | aty?                                                                                   |                         |                                |                                        |                         |                   |
|             |                             |                          |                                     | 4 <b>0</b>                          |                           |                                         |                               |                                                                                        |                         |                                |                                        |                         |                   |
| BB#. St.    | Address, Bo                 | x#.: P.O. E              | al Electric                         | Co.                                 |                           |                                         |                               |                                                                                        | Board o                 | of Agriculture,                | Division o                             | f Water                 | Resources         |
| City, State | e, ZIP Code                 | · P.O. E                 | sox /9/<br>S <del>as City, Ka</del> | ancac                               | 760                       | 05                                      |                               |                                                                                        |                         | •                              |                                        |                         |                   |
| LOCAT       | E WELL'S L                  | OCATION WITH             | 4 DEPTH OF CO                       | OMPLET                              | ED WE                     | LL                                      | .33                           | ft. ELEVA                                                                              |                         | 1120.48                        |                                        |                         |                   |
| -' AN "X"   | IN SECTIO                   |                          | Depth(s) Groundw                    |                                     |                           |                                         |                               |                                                                                        |                         |                                |                                        |                         |                   |
| 1 Mile      | Z¥<br>                      |                          | Pump<br>Est. Yield                  | test data<br>gpn<br>ter6<br>D BE US | a: Wel<br>n: Wel<br>5.''i | II water<br>II water<br>in. to .<br>: 5 | was<br>was<br>. 365<br>Public | ft. below land sur<br>ft. a<br>ft. a<br>ft. a<br>ft.<br>water supply<br>d water supply | fter                    | hours pr                       | umping<br>umping<br>n. to<br>Injection |                         | gpm<br>gpm<br>ft. |
| 1 -         | SW                          | SE                       | 2 Irrigation                        | -                                   | Industria                 | -                                       |                               | and garden only                                                                        | •                       | $\sim$                         | -                                      | -                       |                   |
|             | , 1                         |                          | Was a chemical/b                    |                                     |                           |                                         |                               |                                                                                        |                         |                                |                                        |                         | - 1               |
| 1 1         |                             |                          | mitted                              |                                     | 5                         |                                         |                               | -                                                                                      | ter Well Disinfe        | -                              |                                        | No                      |                   |
| 5 TYPE      | OF BLANK (                  | CASING USED:             | -                                   | 5 Wrou                              | ght iron                  |                                         | 8 C                           | oncrete tile                                                                           | CASING                  | JOINTS: Glue                   | d                                      | Çlampe                  | d                 |
|             |                             | 3 RMP (SF                | R)                                  | 6 Asbes                             | stos-Cer                  | ment                                    | 9 O                           | ther (specify below                                                                    | N)                      | Weld                           | ded                                    | <b>X</b><br>· · · · · · |                   |
| (2)PV       | VC                          | 4 ABS                    | 33'                                 | 7 Fiberg                            |                           |                                         |                               |                                                                                        |                         |                                | aded                                   |                         |                   |
|             | -                           |                          | in. to                              |                                     |                           |                                         |                               |                                                                                        |                         |                                |                                        |                         |                   |
|             |                             | R PERFORATION            | 3i                                  | in., weig                           | int                       |                                         |                               | ••••••••••••••••••••••••••••••••••••••                                                 |                         |                                |                                        | lule                    | 80                |
| 1 St        |                             | 3 Stainless              |                                     | 5 Fiber                             | nlass                     |                                         | -                             | BRMP (SR)                                                                              |                         | Asbestos-cem<br>Other (specify |                                        |                         |                   |
| 2 Br        |                             | 4 Galvanize              |                                     | 6 Conci                             | -                         |                                         |                               | ABS                                                                                    |                         | None used (op                  | ·                                      |                         | •••••             |
| SCREEN      | OR PERFOR                   |                          | GS ARE:                             |                                     | 5                         | Gauzed                                  | l wrapp                       | əd                                                                                     | 8 Saw cut               |                                | 11 None                                | ) (open                 | hole)             |
| 1 Co        | ontinuous slo               | nt <b>M</b> i            | il slot                             |                                     | 6                         | Wire w                                  | rapped                        |                                                                                        | 9 Drilled hole          | es                             |                                        |                         | Ý                 |
| 2 Lo        | ouvered shutt               | ter 4 Ke                 | y punched                           |                                     |                           | Torch c                                 |                               |                                                                                        | 10 Other (spe           | cify)                          |                                        |                         | N                 |
| SCREEN-     | PERFORATI                   | ED INTERVALS:            |                                     |                                     |                           |                                         |                               |                                                                                        |                         |                                |                                        |                         |                   |
| (           | GRAVEL PA                   | CK INTERVALS:            |                                     |                                     | ft.                       | to                                      |                               |                                                                                        | m<br>m                  | ft.<br>ft.                     | to                                     |                         | ft.               |
|             | T MATERIAL                  |                          | ement 🧹 🖗                           |                                     |                           | Ý                                       | <u>~</u> @⊧                   | Bentonite 4                                                                            | Other                   |                                |                                        |                         |                   |
| Grout Inte  | rvals: From                 | m0.0                     | ft. to . 17.0                       | ft.,                                | From .                    | .170                                    | •••••                         | ft. to 21                                                                              | Q. ft., From            | • · · • • • • • • • •          | ft. to                                 |                         | ft.               |
|             |                             | purce of possible of     |                                     |                                     |                           |                                         |                               |                                                                                        | •                       | 14 A                           |                                        |                         | well              |
|             | eptic tank                  | 4 Latera                 |                                     |                                     | Pit priv                  | •                                       |                               | 11 Fuel                                                                                | -                       |                                | Dil well/Ga                            |                         | C                 |
|             | ewer lines                  | 5 Cess                   | •                                   |                                     | Sewag                     |                                         | n                             |                                                                                        | zer storage             |                                | Other (spec                            | -                       | · ·               |
|             | atertight sew<br>from well? | er lines 6 Seepa<br>West | age pit                             | 9                                   | Feedya                    | ard                                     |                               |                                                                                        | ticide storage          | 140 <b>'</b>                   | waste.                                 | Tago                    | on                |
| FROM        | TO                          | west                     | LITHOLOGIC L                        | .OG                                 |                           |                                         | FRO                           | How mai<br>M TO                                                                        |                         | LITHOLOG                       |                                        |                         |                   |
| 0.0         | 20.0                        | Silty cla                | īv                                  |                                     |                           |                                         |                               |                                                                                        |                         |                                |                                        |                         |                   |
| 20.0        | 36.5                        |                          | edium sand                          |                                     |                           |                                         |                               |                                                                                        |                         |                                |                                        |                         |                   |
| 36.5        |                             | Total Dep                | oth                                 |                                     |                           |                                         |                               |                                                                                        |                         |                                |                                        |                         | N                 |
|             |                             |                          |                                     |                                     |                           |                                         |                               |                                                                                        |                         |                                |                                        |                         |                   |
|             |                             |                          |                                     |                                     |                           |                                         |                               |                                                                                        |                         |                                |                                        |                         |                   |
|             |                             |                          |                                     |                                     |                           |                                         | <u> </u>                      |                                                                                        |                         |                                |                                        |                         |                   |
|             |                             |                          |                                     |                                     |                           |                                         |                               |                                                                                        |                         |                                |                                        |                         |                   |
|             |                             |                          |                                     |                                     |                           |                                         |                               |                                                                                        |                         |                                |                                        |                         | 1                 |
|             |                             |                          |                                     |                                     |                           |                                         |                               |                                                                                        |                         |                                |                                        |                         |                   |
|             |                             |                          |                                     |                                     |                           |                                         |                               |                                                                                        |                         |                                |                                        |                         |                   |
|             |                             |                          |                                     |                                     |                           |                                         |                               |                                                                                        |                         |                                |                                        |                         |                   |
|             |                             |                          |                                     |                                     |                           |                                         |                               |                                                                                        |                         |                                |                                        |                         | K                 |
|             |                             |                          |                                     |                                     |                           |                                         |                               |                                                                                        |                         |                                |                                        |                         |                   |
| 1           |                             |                          |                                     |                                     |                           |                                         |                               |                                                                                        |                         |                                |                                        |                         |                   |
|             |                             |                          | 'S CERTIFICATIO                     |                                     |                           |                                         | <b>•</b>                      |                                                                                        |                         |                                |                                        |                         |                   |
|             |                             |                          | 1.00                                |                                     |                           |                                         |                               |                                                                                        |                         |                                |                                        |                         | et. Kansas        |
|             |                             |                          | · 102· · · · · ·                    |                                     |                           |                                         | Hecor                         |                                                                                        | on (mo/day/yr)<br>ture) |                                |                                        |                         |                   |
| INSTRUC     | TIONS: Use                  | typewriter or ball r     | -Western Co<br>point pen, PLEASE    | PRESS                               | FIRM                      | C.<br>LY and                            | PRINT                         |                                                                                        |                         |                                |                                        |                         | Send top          |
| three copie | es to Kansas                |                          | alth and Environme                  |                                     |                           |                                         |                               |                                                                                        |                         |                                |                                        |                         |                   |