KOLAR Document ID: 1538181

| WATER WELL R | | orm WWC-5 | | ision of Wate | | | | |
|---|------------------------|--|---|--|--|---------------|-------------------|--|
| Original Record | | Change in Well Use Fraction | | ources App. N | | Well ID | ago Numbor | |
| | | | | Section NumberTownship NumberRange Numb $\frac{1}{4}$ TSRE | | | | |
| 2 WELL OWNER: 1 | ast Name: | | Rural Address where well is located (if unknown, distance and | | | | | |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknow direction from nearest town or intersection): If at owner's address | | | | | | | | |
| Address: | | | | | | | | |
| Address: | | | | | | | | |
| City: | State | ZIP: | | | | | | |
| 3 LOCATE WELL | 4 DEPTH OF | COMPLETED WELL: | ft | 5 Latit | ıde: | | (decimal degrees) | |
| WITH "X" IN SECTION BOX: | Depth(s) Ground | ft. | Longitude:(decimal degrees) | | | | | |
| N N | | 🗌 Dry Well | | Datum: WGS 84 NAD 83 NAD 27 | | | | |
| | | C WATER LEVEL: | | Source | e for Latitude/Longitud | | | |
| | below land s | | | GPS (unit make/model:) | | | | |
| NW NE | above land s | | | (WAAS enabled? Yes No) | | | | |
| | Pump test data: | | | Land Survey Topographic Map | | | | |
| W E | | after hours pumping gpm Well water was ft. | | | Online Mapper: | | | |
| SW X | after | | | | | | | |
| | Estimated Yield: | er | 6 Elevation:ft. Ground Level TOC | | | | | |
| S | Bore Hole Diame | ft. and | Source: Land Survey GPS Topographic Map | | | | | |
| 1 mile | | in. to ft. | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | |
| 1. Domestic: 5. Dublic Water Supply: well ID | | | | | | | | |
| Household | | vatering: how many wells? . hifer Recharge: well ID | | | 11. Test Hole: well ID | | | |
| Lawn & Garden | | | | Cased Uncased Geotechnical | | | | |
| ☐ Livestock 2. ☐ Irrigation | 8. Monitoring: well ID | | | | 12. Geothermal: how many bores? | | | |
| 3. Feedlot | C | | | | a) Closed Loop Horizontal Vertical 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: | | | | | | | | |
| Was a chemical bacteriological sample submitted to \mathbf{KDHE} ? \Box res \Box No \Box yes, date sample was submitted: | | | | | | | | |
| | | PVC Other | CASI | IG IOINTS | · □ Glued □ Clampe | d 🗆 Welde | d 🗆 Threaded | |
| 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter | | | | | | | | |
| Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No. | | | | | | | | |
| 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 I 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. to ft., From ft. to ft. to ft. | | | | | | | | |
| 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 Tank | | | | Livestock Pe | ns 🗆 Insect | icide Storage | | |
| Sewer Lines | | | | Fuel Storage | | doned Water | | |
| □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well | | | | | | | | |
| □ Other (Specify) | | | | | | | | |
| Direction from well? ft. | | | | | | | | |
| 10 FROM TO | LITH | OLOGIC LOG | FROM | TO | LITHO. LOG (cont.) of | or PLUGGIN | G INTERVALS | |
| | | | | | | | | |
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| | | | Notes: | | | | | |
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| | | | | | | | | |
| 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 This Water Well Record 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 <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 | | | | | | | | |