KOLAR Document ID: 1529585

| | WELL R | | | WWC-5 | | | ion of Wate | | | | | | |
|--|----------------------------------|---|-------------|--------------------------------|-----------------------|--|--|--|----------------------|--------------|-------------------|--|--|
| | | Correction | | e in Well Use | | | rces App. N | | | Well ID | | | |
| 1 LOCATION OF WATER WELL: | | | Fraction | | | | on Number Township Num T S | | | ige Number | | | |
| County: 1/4 1/4 2 WELL OWNER: Last Name: First: | | | | | | $\begin{array}{c c c c c c c c c c c c c c c c c c c $ | | | | | | | |
| | | | | | | | rection from nearest town or intersection): If at owner's address, check here: | | | | | | |
| Address: | | | | | | | | rection nonn nearest town of intersection). If at owner s address, eneck here. | | | | | |
| Address: | | | | | | | | | | | | | |
| City: | | | State: | ZIP: | | | | | | | | | |
| 3 LOCAT | | 4 DEPTH | OF COM | IPLETED WELL: | | ft. | 5 Latit | ude: | | | (decimal degrees) | | |
| WITH "X" IN SECTION BOX: 4 DET IN OF COMIN LETED WELL. Depth(s) Groundwater Encountered: 1) | | | | | | | | | | | - | | |
| | N 2) ft. 3) f | | | | | ell | | Datum: WGS 84 NAD 83 NAD 27 | | | | | |
| | | WELL'S ST | | | | Source for Latitude/Longitude: | | | | | | | |
| | | below land surface, measured on (mo-day-yr) above land surface, measured on (mo-day-yr). | | | | | | | | | | | |
| NW | NE | Pump test data: Well water was ft. | | | | ••••• | ····· (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map | | | | 0) | | |
| w | Е | after | | | | | Online Mapper: | | | | | | |
| | | Well water was ft. | | | | | | | | | | | |
| SW | SE | after hours pumping | | | | 6 Elevation:ft. Ground Level TOC | | | | | | | |
| | | Estimated Yield:gpm | | | | | | | | | | | |
| | S nile | Bore Hole Diameter: in. to | | | | $\square Other \dots$ | | | | | | | |
| 1 mile | | | | | | | | | | | | | |
| 1. Domestic: 5. Dublic Water Supply: well ID 10. Oil Field Water Supply: lease | | | | | | | | | | | | | |
| ☐ Household 6. ☐ Dewatering: how many wells? | | | | | | | | | | | | | |
| Lawn & Garden 7. | | | Aquifer R | echarge: well ID | | Cased | | | Uncased Geotechnical | | | | |
| | Livestock 8. Monitoring: well ID | | | | | | | | | | | | |
| 2. 🗌 Irrigati | | | | al Remediation: well I | | | | | Loop 🗌 Horizont | | | | |
| 3. □ Feedlot □ Air Sparge 4. □ Industrial □ Recovery | | | | | Soil Vapor Extraction | | | b) Open Loop □ Surface Discharge □ Inj. of Water 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 | | | | | | | | | | | | | |
| Casing diameter in. to ft., Diameter in. to ft., Diameter ft., Diameter ft., Diameter | | | | | | | | | | | | | |
| Casing height above land surface in. Weight Ibs./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 □ Mill Slot □ Gauze Wrapped □ Torch Cut □ Drilled Holes □ Other (Specify) □ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) | | | | | | | | | | | | | |
| | | Key Punch | | Vire Wrapped \Box S n ft. to | | | | | | ft to | ft | | |
| | | | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft. to ft. o ft. o ft. o ft. o ft. to ft. ft. to ft. to ft. to ft. to ft. ft. ft. ft. ft. ft. ft. ft. ft | | | | | | | | | | | | | |
| | | | | ft., From | | | | | | | | | |
| | | e contaminatio | on: No | potential source of co | ntaminatio | n with | in 200 ft. | | | | | | |
| Septic | | | ateral Line | | | | ivestock Pe | | | cide Storage | | | |
| Sewer] | | | Cess Pool | □ Sewage L | | | uel Storage | | | oned Water | | | |
| | ight Sewer Lin | | eepage Pit | | | | ertilizer Sto | orage | | ll/Gas Well | | | |
| Direction from well? ft. | | | | | | | | | | | | | |
| 10 FROM | TO | | ITHOLO | | FRO | | TO | | HO. LOG (cont.) or | | G INTERVALS | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | Notes | : | | | | | | | |
| | | | | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, a reconstructed, or plugged | | | | | | | | | | | | | |
| under mv i | urisdiction ar | id was compl | eted on (n | no-day-year) | 14. 1115 | and th | nis record | is tri | ie to the best of m | y knowled | ge and belief. | | |
| Kansas Wa | ter Well Con | tractor's Lice | nse No | This W | ater Well | Reco | rd was con | mple | eted on (mo-day-ye | ear) | | | |
| 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. | | | | | | | | | | | | | |
| | | ks.gov/waterwell | | | 200 0 17 540 | | , 2010 720, | - opt | , 1 | | SA 82a-1212 | | |