KOLAR Document ID: 1412280

| WATER WELL RECORD FORM WWC-5 | | | | | ion of Water | 1 | | W 11 ID | | |
|---|---|----------------------|------------|---|--|---|---------------------|----------------|----------------------|--|
| Original Record 1 LOCATION OF W | | ge in Well Use | | | rces App. N | | mahin Mumha | Well ID | as Number | |
| County: | AIEK WELL: | Fraction 1/4 1/4 1/4 | | Secu | on Number | | vnship Numbe T S | r Kan R | ge Number □ E □ W | |
| 2 WELL OWNER: La | | | Rural | l Address v | | _ ~ | | | | |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: | | | | | | | | | | |
| Address: | | | | | | | | | | |
| Address: City: | State: | ZIP: | | | | | | | | |
| 3 LOCATE WELL | | <u> </u> | | | | | | | | |
| WITH "X" IN | 4 DEPTH OF COMPLETED WELL: | | | | 5 Latitude:(decimal degrees) | | | | | |
| SECTION BOX: | Depth(s) Groundwater | | ., | Longitude:(decimal degrees) | | | | | | |
| N | 2) ft. 3) ft., or 4) ☐ ☐ WELL'S STATIC WATER LEVEL: | | | | | | S 84 □ NAD | 83 🔲 N | AD 27 | |
| | below land surface, measured on (mo-day-yr | | | | | | ude/Longitude: | | , | |
| NW NE | | | | | | | | | | |
| | Pump test data: Well w | | | ☐ Land Survey ☐ Topographic Map | | | | | | |
| W E | after hours | | | Online Mapper: | | | | | | |
| SW SE | Well w | | | | | | | | | |
| | Estimated Yield: | s pumping | gpm | | 6 Elevation :ft. ☐ Ground Level ☐ TOC | | | | | |
| S | | in. to ft. and | | | Source: Land Survey GPS Topographic Map | | | | | |
| mile | | | | | | Other | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | |
| 1. Domestic: | | ter Supply: well ID | | | | | ater Supply: lea | | | |
| Household | 6. ☐ Dewaterin | | | 11. Test Hole: well ID | | | | | | |
| ☐ Lawn & Garden ☐ Livestock | 1 2 1 | | | | | | | | | |
| 2. ☐ Irrigation | 9. Environmental Remediation: well ID | | | | a) Closed Loop | | | | | |
| 3. ☐ Feedlot | ☐ Air Sparge ☐ Soil Vapor Extr | | | | 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? ☐ Yes ☐ No | | | | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded | | | | | | | | | | |
| Casing diameter | | | | | | | | | | |
| Casing height above land surface | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: □ 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) | | | | | | | | | | |
| ☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole) | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | |
| | | It., FIOIII | 11. 10 | • | It., FIOIII . | • | 11. 10 | Il. | | |
| Nearest source of possible contamination: □ Septic Tank □ Livestock Pens □ Insecticide Storage | | | | | | | | | | |
| ☐ Sewer Lines | Cess Pool | ☐ Sewage Lag | goon | | uel Storage | | Abando | | Well | |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | | | | |
| ☐ Other (Specify) Direction from well? ft. | | | | | | | | | | |
| 10 FROM TO | LITHOLOG | | FROM | | | | | PLUGGIN | G INTERVALS | |
| TO TROM | LITHOLOG | SIC LOG | TRON | | 10 | LITIIO. I | EGG (cont.) or 1 | Leggn | SIVIERVILE | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | X 7 | | | | | | | |
| | | | Notes: | : | | | | | | |
| | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged | | | | | | | | | | |
| under my jurisdiction ar | nd was completed on (m | no-day-year) | 8 | and th | is record is | s true to | the best of my | knowleds | ge and belief. | |
| under my jurisdiction ar Kansas Water Well Con | tractor's License No | This Wa | ter Well | Recor | rd was com | pleted o | n (mo-day-ye | ar) | | |
| under the business name | e of | | | | | | | | | |
| | Send one copy to WATER W nd Environment, Bureau of V | | | | | | | | 785-296-3565 | |
| 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 | | | | | | | | | | |