KOLAR Document ID: 1574827

| | | | | WWC-5 | | | ion of Wate | | | Well ID | | |
|--|---|--|--------------------------------------|--|---|---------------------------------|--|------------|------------------------|-------------|-------------|--|
| Original Record Correction Change 1 LOCATION OF WATER WELL: | | | | | | | rces App. No on Number Township Numbe | | | ge Number | | |
| County: | ION OF W. | | | | | | | | $\Box E \Box W$ | | | |
| 2 WELL O | | reet or Rural Address where well is located (if unknown, distance and | | | | | | | | | | |
| 2 WELL O Business: | | rection from nearest town or intersection): If at owner's address, check here: | | | | | | | | | | |
| Address: | | | | unceuon n | schon nom nearest town of intersection). If at owner 5 address, eneek here. | | | | | | | |
| Address: | | | | | | | | | | | | |
| City: | | | | | | | | | | | | |
| 3 LOCATE | IPLETED WELL: | : ft. 5 I | | | Latitude:(decimal degrees) | | | | | | | |
| WITH "X | | | Depth(s) Groundwater Encountered: 1) | | | | | | e: | | | |
| SECTION N | BUA: | 2) ft. 3) ft., or 4) 🗌 D | | | | 1 | Datum: WGS 84 NAD 83 NAD 27 | | | | - | |
| | | WELL'S STATIC WATER LEVEL: ft. | | | | | | | Latitude/Longitude: | | | |
| | | below land surface, measured on (mo-day-yr) | | | | | | BPS (1 | unit make/model: | | | |
| NW | - NE | above land surface, measured on (mo-day-yr). | | | | ••••• | (WAAS enabled? Yes No) | | | (o) | | |
| | | Pump test data: Well water was ft. | | | | | □ Land Survey □ Topographic Map | | | | | |
| W | E | after hours pumping gpm Well water was ft. | | | | | Online Mapper: | | | | | |
| SW | SE | after hours pumping | | | | | | | | | | |
| | | Estimated Yield: | | | | 6 Elevation:ft. Ground Level | | | | | | |
| S | | Bore Hole Diameter: in. to | | | | Source: Land Survey GPS Topogra | | | | | | |
| 1 mi | | in. to | | | ft. | □ Other | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | |
| 1. Domestic: | ••••• | | | | | | | | | | | |
| Househo | | 6. Dewatering: how many wells? | | | | | | | | | | |
| Lawn & | | | 7. 🗌 Aquifer Recharge: well ID | | | | Cased Uncased Geotechnical 12. Geothermal: how many bores? | | | | | |
| | | | l ID | | | | | | | | | |
| 2. Irrigation 9. Environment 3. Feedlot Air Sparg | | | | al Remediation: well ID e Disoil Vapor Extraction | | | a) Closed Loop Horizontal Vertical b) Open Loop Surface Discharge Inj. of Water | | | | | |
| 4. Industria | al | | □ Recovery □ Injection | | | | 13. Other (specify): | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: | | | | | | | | | | | | |
| Water well disinfected? \square Yes \square 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 in. to ft. | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | |
| | | | | n ft. to | | | | | | | | |
| | | | | Cement grout \square B | | | | | | | | |
| | | | | ft., From | | | | | | | | |
| Nearest source | | | | potential source of cor | | | | | | ····· It. | | |
| Septic Ta | | | Lateral Line | | | | ivestock Pe | ens | □ Insectic | ide Storage | | |
| Sewer Li | | | Cess Pool | Sewage La | agoon | | uel Storage | | Abando | oned Water | Well | |
| U Watertig | | | Seepage Pit | | | 🗌 Fe | ertilizer Sto | orage | 🗌 Oil Wel | ll/Gas Well | | |
| Direction from well? ft. | | | | | | | | | | | | |
| | | | | | | | | | | DLUCCIN | | |
| 10 FROM | TO | L | ITHOLOG | JIC LUG | FROM | 1 | ТО | LIT | HO. LOG (cont.) or | PLUGGIN | JINTERVALS | |
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| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Constructed, reconstructed, or plugged | | | | | | | | | | | | |
| under my jur | 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) | | | | | | | | | | | |
| Kansas Wate | er Well Con | tractor's Lice | ense No | This W | ater Well I | Recoi | rd was coi | mple | ted on (mo-day-ye | ear) | | |
| under the bus | siness name | OI | WATED W | VELL OWNER and retain | one for your | record | ls Fee of ¢4 | 5 00 £ | or each constructed we | | | |
| 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. | | | | | | | | | | | | |
| - | | s gov/waterwel | | | | | ., | 1 - | | | SA 82a-1212 | |