KOLAR Document ID: 1465212

| | | | | WWC-5 ge in Well Use | | | on of Wate | | | Well ID | | |
|---|---|---|---|--------------------------------|--------------------------------------|---|---|------------------------------------|----------------------------|-----------------|-------------|--|
| Original Record Correction Chang LOCATION OF WATER WELL: | | | Fraction | | Resources App. No. Section Number | | | Township Numb | | ige Number | | |
| County: | | | | | 1/4 1/4 | ii i vaino e | 1 0 | | | $\Box E \Box W$ | | |
| Business: d Address: Address: | | | | | | Street or Rural Address where well is located (if unknown, distance and irection from nearest town or intersection): If at owner's address, check here: | | | | | | |
| City: | | | State: | ZIP: | | | | | | | | |
| 3 LOCAT WITH " | IPLETED WELL: | | | | | | | (decimal degrees) | | | | |
| SECTIO | | Depth(s) Groundwater Encountered: 1) 2) ft. 3) ft., or 4) □ I | | | | 0 | | | | | | |
| 1 | N | WELL'S STATIC WATER LEVEL: | | | | | | | | | | |
| | | | below land surface, measured on (mo-day-yr) | | | | | | unit make/model: | |) | |
| NW | NX | | above land surface, measured on (mo-day-yr). | | | | | | | | | |
| w | E | ~ | Pump test data: Well water was ft. after hours pumping gpm | | | | □ Land Survey □ Topographic Map □ Online Mapper: | | | | | |
| | | | | Well water was ft. | | | | | | | | |
| | | | | | pumping gpm | | | 6 Elevation:ft. Ground Level TOC | | | | |
| | S | | Estimated Yield:gpm Bore Hole Diameter: in. to ft | | | | Source: Land Survey GPS Topographic Ma | | | | | |
| | mile | Doite Hole I | in. to | | | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | |
| 1. Domestic | 1. Domestic: 5. □ Public Water Supply: well ID □ Household 6. □ Dewatering: how many wells? | | | | | | | | | | | |
| | | | Aquifer Recharge: well ID | | | | | | d 🗌 Uncased 🔲 Geotechnical | | | |
| | | g: well ID | | | | | ermal: how many bores? | | | | | |
| 2. ☐ Irrigati 3. ☐ Feedlo | 2. □ Irrigation 9. Environmental Remediation: wel 3. □ Feedlot □ Air Sparge □ Soil Vap | | | | | | | | | | | |
| $3. \square$ recurst \square An spage \square State $4. \square$ Industrial \square Recovery \square In | | | | | I Extraction | 13. Other (specify): | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: | | | | | | | | | | | | |
| Water well disinfected? Ves No | | | | | | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing 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: Image: Comparison of the sector of | | | | | | | | | | | | |
| □ 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 ft. to | | | | | | | | | | | | |
| 9 GROUT MATERIAL: Deat cement Cement grout Bentonite Other | | | | | | | | | | | | |
| Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft. ft. to ft. ft. ft. ft. ft. ft. ft. ft. ft. | | | | | | | | | | | | |
| Nearest sou | | | on: No Lateral Line | | | | 200 ft. vestock Pe | ns | □ Insectic | ide Storage | | |
| Sewer | | | Cess Pool | Sewage I | Lagoon | | el Storage | | | | | |
| | ight Sewer Li | | | ☐ Feedyard | | Fer | tilizer Sto | orage | □ Oil We | ll/Gas Well | | |
| Direction from well? ft. | | | | | | | | | | | | |
| 10 FROM | TO | | ITHOLO | | FROM | | | | HO. LOG (cont.) or | PLUGGIN | G INTERVALS | |
| | | | | | | _ | | | | | | |
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| | | | | | Notes: | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| under the business name of | | | | | | | | | | | | |
| KS Departi | 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 | nttp://www.kdhe | eks.gov/waterwel | l/index.html | | | | | | | KS | SA 82a-1212 | |