KOLAR Document ID: 1474338

| | WELL R | | | WWC-5 | | vision of Wat | | | | | |
|---|--|-------------------------|------------------------------|-------------------------|----------------|---|------------------------------------|-------------------------|-------------|-------------------|--|
| | | Correction | | ge in Well Use | | ources App. 1 | | | Well ID | | |
| | | ATER WEI | LL: | Fraction | | ction Numb | er | Township Numb | | ige Number | |
| County: 1/4 1/4 1/4 2 WELL OWNER: Last Name: First: 5 | | | | | | 1 4 1 1 | | | | | |
| 2 WELL Business: | | ast Name: | | First: | | treet or Rural Address where well is located (if unknown, distance and rection from nearest town or intersection): If at owner's address, check here: | | | | | |
| Address: | | | | | direction from | rection from hearest town of intersection). If at owner's address, check here. | | | | | |
| Address: | | | | | | | | | | | |
| City: | | T | State: | ZIP: | | | | | | | |
| 3 LOCATE WELL WITH WY N 4 DEPTH OF COMPLETED WELL: | | | | | | t 5 Latit | nde | | | (decimal degrees) | |
| | WITH "A" IN Depth(s) Groundwater Encountered: 1) | | | | | | | | | | |
| | SECTION BOX: N Depth(s) Groundwater Encounter | | | | | | Datum: WGS 84 NAD 83 NAD 27 | | | | |
| | <u> </u> | WELL'S ST | | | Source | Source for Latitude/Longitude: | | | | | |
| | | | | -yr) | | | unit make/model: | | | | |
| X - NW | NE | Description Pump test d | | •yr) | | | WAAS enabled? | | (o) | | |
| w | Е | - | hours | | | | Survey 🗌 Topogra | | | | |
| | | | Well v | | | Online Mapper: | | | | | |
| SW | SE | after | after hours pumping gp | | | 6 Elevation & Count Level TOC | | | | | |
| | | Estimated Yield:gpm | | | | 6 Elevation:ft. 	Ground Level 	TOC | | | | | |
| | S | Bore Hole I | Bore Hole Diameter: in. to | | | Source: Land Survey GPS Topographic Map | | | | | |
| | | | | | | | | | | | |
| 7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID 10. Oil Field Water Supply: lease | | | | | | | | | | | |
| | | | | ig: how many wells? | | | | well ID | | | |
| | | | 7. Aquifer Recharge: well ID | | | | | \Box Uncased \Box (| | | |
| Livesto | Livestock 8. Monitoring: well ID | | | | | 12. Geot | othermal: how many bores? | | | | |
| | 2. Irrigation 9. Environmental Remediation: well ID | | | | | | a) Closed Loop Horizontal Vertical | | | | |
| 3. Feedlot Air Sparge | | | | | | | | | | | |
| 4. Industrial Recovery Injection 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 | | | | | | | | | | | |
| 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: | | | | | | | | | | | |
| \Box Continuous Slot \Box Mill Slot \Box Gauze Wrapped \Box Torch Cut \Box Drilled Holes \Box Other (Specify) | | | | | | | | | | | |
| □ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) SCREEN-PERFORATED INTERVALS: From | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft. to ft. | | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | | | |
| | | e contaminati | on: No | potential source of con | tamination w | ithin 200 ft. | | | | | |
| □ Septic | | | Lateral Line | | | Livestock P | | | ide Storage | | |
| Sewer | | | Cess Pool | Sewage La | | Fuel Storage | | | oned Water | | |
| | ight Sewer Li | | | ☐ Feedyard | | Fertilizer St | orage | | ll/Gas Well | | |
| Direction from well? ft. | | | | | | | | | | | |
| 10 FROM | TO | | ITHOLO | | FROM | ТО | | HO. LOG (cont.) or | | G INTERVALS | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | _ | | | | | | |
| | | | | | Na4a | | | | | | |
| | Notes: | | | | | | | | | | |
| | | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged | | | | | | | | | | | |
| under my j | urisdiction a | nd was compl | leted on (n | no-day-year) | and | this record | is tru | e to the best of my | y knowled | ge and belief. | |
| Kansas Wa | ter Well Cor | ntractor's Lice | ense No | This Wa | ater Well Re | cord was co | mple | ted on (mo-day-ye | ear) | | |
| under the b | ousiness name | e of | WATED | /ELL OW/NEP and ratain | one for your | orde Eac of the | 5 00 £ | or each constructed | 11 | <u></u> | |
| KS Departr | 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. | | | | | | | | | | |
| - | Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 | | | | | | | | | | |