KOLAR Document ID: 1379574

| | | | | WWC-5 | | | ision of Wat | | | Well ID | | |
|--|---|--|--|---|--|------------------------------------|---|---|---------------------|---------------|-------------------|--|
| Original Record Correction LOCATION OF WATER W | | | | | | Resources App. N Section Number | | | | | ge Number | |
| County: $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ | | | | | | 1/4 | $\begin{array}{c c} T & S & R & \Box E & \Box W \\ \end{array}$ | | | | | |
| 2 WELL | ast Name: | | First: | reet or Rural Address where well is located (if unknown, distance and | | | | | | | | |
| Business: | | | | | rection from nearest town or intersection): If at owner's address, check here: | | | | | | | |
| Address: Address: | | | | | | | | | | | | |
| City: State: ZIP: | | | | | | | | | | | | |
| 3 LOCATE WELL WITH WY N 4 DEPTH OF COMPLETED WELL: | | | | | | | 5 Latit | hudo | | | (dagimal dagrags) | |
| | WITH "A" IN Depth(s) Groundwater Encountered: 1) | | | | | | | 5 Latitude:(decimal degrees) Longitude:(decimal degrees) | | | | |
| | $\begin{array}{c} \text{SECTION BOX.} \\ \text{N} \end{array} = \begin{array}{c} 2) \dots $ | | | | | | Datu | Datum: WGS 84 NAD 83 NAD 27 | | | | |
| | | WELL'S STATIC WATER LEVEL: ft. | | | | | Source | Source for Latitude/Longitude: | | | | |
| | | below land surface, measured on (mo-day-yr) above land surface, measured on (mo-day-yr) | | | | | | ☐ GPS (unit make/model:) (WAAS enabled? ☐ Yes ☐ No) | | | | |
| NW | NE | Pump test data: Well water was ft. after hours pumping gpm | | | | | | Land Survey Topographic Map Online Mapper: | | | | |
| w | E | | | | | | | | | | | |
| SW | SE | Well water was ft. | | | | | | | | | | |
| | | after hours pumping gpm Estimated Yield:gpm | | | | | 6 Eleva | 6 Elevation:ft. Ground Level TOC | | | | |
| | S | Bore Hole Diameter: in. to | | | | t. and | nd <u>Source</u> : Land Survey GPS Topographic I | | | pographic Map | | |
| 1 n | | in. to ft. | | | | t. | □ Other | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | |
| 1. Domestic: 5. □ Public Water Supply: well ID □ Household 6. □ Dewatering: how many wells? | | | | | | | | | | | | |
| \Box House | | | 6. Dewatering: how many wells? 7. Aquifer Recharge: well ID | | | | | | | | | |
| | Livestock S. Monitoring: well ID | | | | | | 12. Geothermal: how many bores? | | | | | |
| 2. 🗌 Irrigati | | | | al Remediation: well | | | a) Closed Loop Horizontal Vertical | | | | | |
| | 3. 🗌 Feedlot 🔅 🗋 Air Sparge 🔅 Soil Vapor Ex | | | | | | b) Open Loop \Box Surface Discharge \Box Inj. of Water | | | | | |
| 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 in. to ft., Diameter in. to ft., Diameter ft., Diameter ft., Diameter | | | | | | | | | | | | |
| Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No | | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | | | | |
| □ Steel □ Stainless 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) | | | | | | | | | | | |
| | red Shutter | Key Punch | | | Saw C | Cut IN | one (Open l | Hole) | ouler (speeng) | | | |
| | | ED INTERVA | ALS: Fron | n ft. to | | ft., From . | ft. 1 | to | ft., From | | | |
| | | | | n ft. to | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | | | |
| Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft. to ft. to ft. | | | | | | | | | | | | |
| Septic ' | | | ateral Line | es 🗌 Pit Privy | | | Livestock P | ens | ☐ Insectic | ide Storage | | |
| Sewer 1 | | | Cess Pool | Sewage I | | | Fuel Storage | | Abando | | Well | |
| | ght Sewer Lir | | eepage Pit | | | | Fertilizer St | orage | e 🗌 Oil Wel | l/Gas Well | | |
| Direction from well? ft. | | | | | | | | | | | | |
| 10 FROM | TO | | ITHOLO | | | FROM | ТО | | THO. LOG (cont.) or | PLUGGIN | G INTERVALS | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| | | | | | -+ | | | | | | | |
| | | | | | -+ | | | | | | | |
| | | | | | 1 | Notes: | | 1 | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | |
| under the b | usiness name | e 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/waterwel | | ater, Geology Section, | 1000 2 | J W JACKSON | 5., 5uite 420 | , rope | | | A 82a-1212 | |