KOLAR Document ID: 1595674

| WATER WELL R | | - | WWC-5 ge in Well Use | | vivision of Wa | | | Well ID | | |
|--|---|---|--------------------------------|------------------------|--|--|------------------------|-----------------|------------|--|
| Original Record Correction Changer Changer 1 LOCATION OF WATER WELL: | | | Fraction | | esources App. ection Numb | | | | aa Numbar | |
| County: | | | | /4 ¹ /4 | | | | $\Box E \Box W$ | | |
| 2 WELL OWNER: L | | reet 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: | | | | | | | | | | |
| 3 LOCATE WELL | I | | | | | | | | | |
| 4 DEPTH OF COMPLETED WELL: WITH "X" IN SECTION BOX. Depth(s) Groundwater Encountered: 1) | | | | | | | | | | |
| SECTION BOX: | | | | | Longitude:(decimal degrees) | | | | | |
| Ν | 2) ft. 3) ft., or 4) 	Di WELL'S STATIC WATER LEVEL: | | | | | | WGS 84 🔲 NAI | | NAD 27 | |
| | | | n | | Source for Latitude/Longitude: | | | | | |
| NW NE | □ above l | /-yr) | | (WAAS enabled? Yes No) | | | | | | |
| | | Pump test data: Well water was ft. | | | | Land Survey Topographic Map | | | | |
| W X E | after | after hours pumping gpm | | | | Online Mapper: | | | | |
| SW SE | after | Well water was ft. after pours pumping gpm | | | | | | | | |
| | Estimated Y | | • 5Pm | | | :ft. | | | | |
| S | Bore Hole I | | ft. and | Sour | | Land Survey | | | | |
| 1 mile | | in. to ft. | | | | Other | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | |
| 1. Domestic: | | | | | | 10. Oil Field Water Supply: lease | | | | |
| ☐ Household ☐ Lawn & Garden | 6. Dewatering: how many wells? 7. Aquifer Recharge: well ID | | | | | 11. Test Hole: well ID | | | | |
| | | | | | | | | | | |
| 2. Irrigation | 8. Monitoring: well ID 9. Environmental Remediation: well ID | | | | | 12. Geothermal: how many bores?a) Closed Loop □ Horizontal □ Vertical | | | | |
| 3. 🗌 Feedlot | 🗌 Air Sparge 🛛 Soil Vapor Extra | | | | b) (| b) Open Loop 🗌 Surface Discharge 🔲 Inj. of Water | | | | |
| 4. \Box Industrial \Box Recovery \Box Injection13. \Box 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 in. to ft., Diameter in. to ft., Diameter ft. | | | | | | | | | | |
| Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No | | | | | | | | | | |
| □ Steel □ Stainless Steel □ PVC □ Other (Specify) | | | | | | | | | | |
| Brass Galvanized Steel Image: Steel Image: Steel Image: Steel Image: Steel | | | | | | | | | | |
| 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 ft. to ft., From ft., From ft. ft. to ft. to ft. | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | |
| Nearest source of possibl | | | | | | | | 16. | | |
| Septic Tank | | Lateral Line | es 🗌 Pit Privy | [| Livestock P | | | ide Storage | | |
| Sewer Lines | | Cess Pool | Sewage L | agoon | Fuel Storag | | | oned Water | Well | |
| □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well | | | | | | | | | | |
| Direction from well? ft. | | | | | | | | | | |
| 10 FROM TO | | ITHOLO | | FROM | | | HO. LOG (cont.) or | | GINTERVALS | |
| | | | | 11000 | 10 | | | - 200000 | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | Notes: | | | | | | |
| | | | | | | | | | | |
| | ODIAND | | CEDTIFICATIO | NL TL: | 4 - m 11 | _ | | | | |
| 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) and this record is true to the best of my knowledge and belief. | | | | | | | | | | |
| Kansas Water Well Contractor's License No | | | | | | | | | | |
| under the business name | e of | | | | | | | | | |
| | Send one copy t | o WATER W | ELL OWNER and retain | one for your r | ecords. Fee of \$ | \$5.00 fo | or each constructed we | 11. | | |
| 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.kdbeks.gov/waterwell/index.html KSA 82a-1212 | | | | | | | | | | |