KOLAR Document ID: 1537491

| | | | | WWC-5 | | vision of Wat | | | W-II ID | | | |
|--|--|--|--------------|--------------------------|------------------|--|--|-------------------------------|-------------|----------------|--|--|
| Original Record Correction Change in Well Use | | | | | | ion Number Township Number Range Number | | | | | | |
| 1LOCATION OF WATER WELL: County:Fraction1/41/41/4 | | | | | cuon numb | T S R \square E \square W | | | | | | |
| county! | | | | | | eet 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: | | | | | | ······································ | | | | | |
| Address: | | | | | | | | | | | | |
| City: | | 1 | State: | ZIP: | | | | | | | | |
| | 3 LOCATE WELL WITH (32) DI 4 DEPTH OF COMPLETED WELL: | | | | | ft. 5 Latitude :(decimal degrees) | | | | | | |
| | WITH "X" IN SECTION BOX: | | | | ft. | Longitude:(decimal degrees) | | | | | | |
| | N 2) ft. 3) ft., or 4) \Box | | | | | ⁷ ell Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27 | | | | | | |
| | WELL'S STATIC WATER LEVEL: | | | | | | Source for Latitude/Longitude: | | | | | |
| X | | below land surface, measured on (mo-day-yr) above land surface, measured on (mo-day-yr) | | | | | GPS (unit make/model:) | | | | | |
| NW | NE | Pump test d | | | | | WAAS enabled? | | o) | | | |
| w | E | | hours | | | □ Land Survey □ Topographic Map □ Online Mapper: | | | | | | |
| | | | Well w | | | | | | | | | |
| SW | SE | after | hours | gpm | | | | | | | | |
| | | Estimated Y | | | | 6 Elevation:ft. 	Ground Level 	TOC | | | | | | |
| - | S | Bore Hole I | | | Source | Source: Land Survey GPS Topographic Map | | | | | | |
| 1 n | | | | in. to | ft. | | | Other | ••••• | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | |
| 1. Domestic: | I. Domestic: 5. □ Public Water Supply: well ID □ Household 6. □ Dewatering: how many wells? | | | | | | 10. | | | | | |
| | □ Lawn & Garden | | | | | | | \Box Uncased \Box C | | | | |
| | Livestock 8. Monitoring: well ID | | | | | | | al: how many bores | | | | |
| | 2. \Box Irrigation 9. Environmental Remediation: well ID . | | | | | | | Loop 🗌 Horizont | | | | |
| | | | | e 🛛 🗌 Soil Vapor E | | | | | | | | |
| 4. Industrial Recovery Injection | | | | | | 13. 🗌 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 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 Siot □ Min Siot □ Gauze wrapped □ Torch Cut □ Diffied Holes □ Other (Specify) | | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | | | | |
| | | | | | | | | , | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft. to ft. o ft. to ft. ft. to ft. ft. to ft. ft. ft. ft. ft. ft. ft. ft. ft. | | | | | | | | | | | | |
| | | | | ft., From | | | | | | | | |
| | rce of possible | | | potential source of cont | | | | | | | | |
| Septic 7 | | | Lateral Line | | | Livestock P | | | ide Storage | | | |
| Sewer I | | | Cess Pool | | goon 🗌 | Fuel Storage | | | oned Water | Well | | |
| □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) | | | | | | | | | | | | |
| Direction from well? | | | | | | | | | | | | |
| 10 FROM | TO | | ITHOLO | | FROM | TO | | HO. LOG (cont.) or | PLUGGIN | G INTERVALS | | |
| | | | | - | | - | | | | | | |
| | | | | | | | 1 | | | | | |
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| | | | | | Notes: | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 11 CONT | 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) | | | | | | | | | | | |
| Kansas Wa | unsuiction an ter Well Con | u was compl | eted on (n | no-day-year) | ter Well Ro | unis record | 18 tru | ted on (mo day y | y knowledg | ge and bellef. | | |
| under the h | usiness name | of | | ····· 11115 vv a | | | mpie | tea on (mo-day-ye | | | | |
| | S | Send one copy to | WATER W | /ELL OWNER and retain o | one for your rec | ords. Fee of \$ | 5.00 f | or each <u>constructed</u> 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 h | ttp://www.kdhek | s.gov/waterwel | l/index.html | | | | | | KS | SA 82a-1212 | | |