KOLAR Document ID: 1529605

| WATER WELL R | ECORD Correction | | WWC-5 e in Well Use | | | ivision of Wat sources App. 1 | | | Well ID | | | | |
|--|--|-------------|------------------------|-----------|--------------|---|--|--|-------------|-----------------|--|--|--|
| | LOCATION OF WATER WELL: | | | Fraction | | | | | | nge Number | | | |
| County: | | | | 4 1/4 | | ection Numb | . | T S | R | □ E □ W | | | |
| · | | | | | | treet or Rural Address where well is located (if unknown, distance and | | | | | | | |
| | | | | | | irection from nearest town or intersection): If at owner's address, check here: | | | | | | | |
| Address: | Address: Address: | | | | | | | | | | | | |
| City: | S | State: | ZIP: | | | | | | | | | | |
| 3 LOCATE WELL | | | | | | _ | | | | | | | |
| WITH "X" IN | N 4 DEPTH OF COMPLETED WELL: | | | | | | | | | | | | |
| SECTION BOX: | Depth(s) Groundwater Encountered: 1) | | | | | Longitude: | | | | | | | |
| N | WELL'S STATIC WATER LEVEL: | | | | | | | | | NAD 27 | | | |
| | below land surface, measured on (mo-day-vi | | | | | | | Latitude/Longitude unit make/model: | |) | | | |
| X NW NE | above land surface, measured on (mo-day-yi | | | | | | | WAAS enabled? | | | | | |
| | Pump test data: Well water was ft. | | | | | I | ☐ Land Survey ☐ Topographic Map | | | | | | |
| W E | | | | | | | Online Mapper: | | | | | | |
| SW SE | Well water was ft. after hours pumping gr | | | | | | | | | | | | |
| | Estimated Yield:gpm | | | | | 6 Eleva | 6 Elevation :ft. ☐ Ground Level ☐ TOC | | | | | | |
| S | | | | | | Source | Source: Land Survey GPS Topographic Map | | | | | | |
| mile | lei in. to ft | | | | | | ☐ Other | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | | |
| 1. Domestic: | | | | | | | 10. Oil Field Water Supply: lease | | | | | | |
| ☐ Household ☐ Lawn & Garden | <u> </u> | | | | | | | | | | | | |
| Livestock | <u> </u> | | | | | | | al: how many bores | | | | | |
| 2. Irrigation | | | al Remediation | | | | | l Loop Horizont | | | | | |
| 3. ☐ Feedlot | | Air Sparge | | | Extraction | | b) Open Loop Surface Discharge Inj. of Water | | | | | | |
| 4. ☐ Industrial ☐ Recovery ☐ Injection | | | | | | 13. 🔲 O | 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. Casing height above land surface in Weight lbs /ft Wall thickness or gauge No. | | | | | | | | | | | | | |
| Casing height above land surface | | | | | | | | | | | | | |
| ☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify) | | | | | | | | | | | | | |
| ☐ Brass ☐ Galvanized Steel ☐ None used (open hole) | | | | | | | | | | | | | |
| 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 ft. to ft., From ft., From ft. to ft. | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | | | | | |
| Nearest source of possibl | | n: No | potential sour | ce of cor | tamination v | vithin 200 ft. | | | | | | | |
| ☐ Septic Tank | | ateral Line | | t Privy | | Livestock P | | | cide Storag | | | | |
| Sewer Lines | | less Pool | | | | Fuel Storage | | | oned Water | | | | |
| □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Oil Well/Gas Well | | | | | | | | | | | | | |
| Direction from well? ft. | | | | | | | | | | | | | |
| 10 FROM TO | | THOLOG | | <u> </u> | FROM | TO | | HO. LOG (cont.) or | | IG INTERVALS | | | |
| | | | | | | | | | | | | | |
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| | | | | | Notes: | | 1 | | | | | | |
| | | | | | | | | | | | | | |
| 11 CONTED CTODIS OD I ANDOWNEDIS CEDITIFICATION. This was the Content of the Cont | | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | | |
| Kansas Water Well Cor | itractor's Lice | nse No. | io-uay-yeai) | This W | ater Well R | ecord was co | nnle mnle | eted on (mo-day-ve | ear) | ige and bellet. | | | |
| under the business name | e of | | | | | | т., | | | | | | |
| under the business name 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 Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone /85-296-3565. Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 | | | | | | | | | | | | | |