KOLAR Document ID: 1531858

| WATER WELL R | | | WWC-5 ge in Well Use | | vision of Wat | | | Well ID | | |
|--|--------------------------------------|--|--------------------------------|--------------------------------------|---|--|------------------------|------------|-----------------|--|
| Original Record Correction Chang Chang LOCATION OF WATER WELL: | | | | Resources App. No. Section Number | | Township Numb | | ge Number | | |
| County: | | | | 1/4 | | CI | 1 0 | | $\Box E \Box W$ | |
| | | | | | reet or Rural Address where well is located (if unknown, distance and | | | | | |
| Business: | direction from | rection from nearest town or intersection): If at owner's address, check here: | | | | | | | | |
| Address: Address: | | | | | | | | | | |
| City: | | State: | ZIP: | | | | | | | |
| 3 LOCATE WELL | fi | 5 Tatit | | | | (1 . 11) | | | | |
| WITH "X" IN | Donth(a) Crowndwaton Encountered (1) | | | | | T. 5 Latitude: | | | | |
| SECTION BOX: N | | |] Dry Well | Datum: WGS 84 NAD 83 NAD 27 | | | | | | |
| | WELL'S ST | | | Source | Source for Latitude/Longitude: | | | | | |
| | | | yr) yr) | | \Box GPS (unit make/model:) | | | | | |
| NW NE | Pump test da | | | | (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map | | | | | |
| W E | - | hour | | | □ Online Mapper: | | | | | |
| SW SE | | t. | | | | | | | | |
| | | hours | gpm | 6 Elevation:ft. Ground Level TOC | | | | | | |
| | Estimated Y Bore Hole I | | ft. and | | | Land Survey | | | | |
| 1 mile | 2010 11010 2 | Bore Hole Diameter: in. to ft. an ft. to ft. | | | | Other | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | |
| 1. Domestic: | | ater Supply: well ID ag: how many wells? | | | | | | | | |
| ☐ Household □ Lawn & Garden | | | •••••• | | 11. Test Hole: well ID | | | | | |
| | | | | | 12. Geothermal: how many bores? | | | | | |
| 2. Irrigation | | |) | a) C | a) Closed Loop 🔲 Horizontal 🗌 Vertical | | | | | |
| 3. Feedlot | ☐ Air Sparge ☐ Soil Vapor Extrac | | | | | b) Open Loop 🗌 Surface Discharge 🗍 Inj. of Water | | | | |
| 4. Industrial Recovery Injection 13. Other (specify): | | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted: | | | | | | | | | | |
| 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 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 | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | | |
| Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft. | | | | | | | | | | |
| Nearest source of possible | | | potential source of cont | | | | — | | | |
| □ Septic Tank □ Sewer Lines | | Lateral Line Cess Pool | | | Livestock P | | | | | |
| Sewer Lines Cess Pool Sewage Lagoon Fuel Storage Abandoned Water Well Watertight Sewer Lines Seepage Pit Feedyard Fertilizer Storage Oil Well/Gas Well | | | | | | | | | | |
| Chter (Specify) | | | | | | | | | | |
| Direction from well? | | | | | | | | DLUCCIN | | |
| 10 FROM TO | I | ITHOLO | GICLOG | FROM | TO | LII | HO. LOG (cont.) or | PLUGGIN | JINTERVALS | |
| | | | | 1 | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | Notes: | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 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) | | | | | | | | | | |
| under my jurisdiction an Kansas Water Wall Con | d was compl | eted on (n | no-day-year) | ter Well De | this record | 1s tru | ted on (mo day y | y knowled; | ge and belief. | |
| under the business name | | | | | | | | | | |
| | Send one copy to | WATER W | /ELL OWNER and retain of | one for your rec | ords. Fee of \$ | 5.00 f | 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.kdheks.gov/waterwell/index.html KSA 82a-1212 | | | | | | | | | | |