KOLAR Document ID: 1602570

| WATER | | ECORD Correction | | WWC-5 | | | ivision of Wat sources App. 1 | | |] Well ID | | |
|--|--|--|--|-----------------------|--------|-----------------|---|--|---------------------|--------------|-------------------|--|
| Original Record Correction Change in Well Use 1 LOCATION OF WATER WELL: Fraction | | | | | | | Section Number Towns | | | | ange Number | |
| County: | | | 1/4 1/4 | 1/4 | | <u> </u> | | | | □ E □ W | | |
| · | | | | | | Street or R | treet or Rural Address where well is located (if unknown, distance and | | | | | |
| Business: | | | | | | | irection from nearest town or intersection): If at owner's address, check here: | | | | | |
| Address: | Address: Address: | | | | | | | | | | | |
| City: | | | State: | ZIP: | | | | | | | | |
| 3 LOCATE WELL | | | | | | | | | | | | |
| | TH "X" IN 4 DEPTH OF COMPLETED WELL | | | | | | | | | | (decimal degrees) | |
| SECTION | TION BOX: Depth(s) Groundwater Encountered: 1) | | | | | | | | | | | |
| N | 2) ft. 3) ft., or 4) \(\sqrt{\text{WELL'S STATIC WATER LEVEL:}} | | | | | | | | | | | |
| | | | below land surface, measured on (mo-day-yr | | | | | | | | , | |
| NW - | - W IF | above land surface, measured on (mo-day-yr | | | | | | GPS (unit make/model: | | | | |
| | ^ `L | Pump test data: Well water was ft. | | | | t. | | ☐ Land Survey ☐ Topographic Map | | | | |
| w | Е | after hours pumpinggr | | | | | | | e Mapper: | | | |
| SW | SE | Well water was ft. | | | | | | | | | | |
| | ī | after hours pumping gp Estimated Yield:gpm | | | | gpm | 6 Eleva | atior | ı:ft | . Groun | nd Level ☐ TOC | |
| S | | Bore Hole Diameter: in. to | | | | ft. and | | Source: Land Survey GPS Topog | | | | |
| 1 mi | | 2010 11010 2 | in. to | | | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | |
| 1. Domestic: 5. Public Water Supply: well ID | | | | | | | | | | | | |
| | ☐ Household 6. ☐ Dewatering: how many wells? | | | | | | | | | | | |
| _ | ☐ Lawn & Garden 7. ☐ Aquifer Recharge: | | | | | | | ☐ Uncased ☐ (| | | | |
| _ | ☐ Livestock 8. ☐ Monitoring: well ID | | | | | | | 12. Geothermal: how many bores? | | | | |
| 3. ☐ Feedlot | | | | | | | | b) Open Loop Surface Discharge Inj. of Water | | | | |
| 4. ☐ Industrial ☐ Recovery ☐ Inje | | | | | _ | | 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 ft., Diameter ft. | | | | | | | | | | | | |
| Casing height above land surface | | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | | | | |
| ☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify) | | | | | | | | | | | | |
| ☐ Brass ☐ Galvanized Steel ☐ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | | | | | |
| ☐ Continu | | ☐ Mill Slot | | auze Wrapped | Пто | orch Cut \Box | Drilled Holes | | Other (Specify) | | | |
| ☐ Louver | | ☐ Key Punch | | | | | None (Open I | | | | | |
| SCREEN-PI | ERFORATE | D INTERVA | ALS: From | 1 ft. to | | ft., From | ft. t | о | ft., From | ft. t | o ft. | |
| GR | AVEL PAC | K INTERV | ALS: From | n ft. to | | ft., Fron | ı ft. 1 | о | ft., From | ft. t | o ft. | |
| | | | | | | | | | | | | |
| | | | | | | | | | ft. to | ft. | | |
| Nearest source Septic T | | | on: No Lateral Line | potential source s | | | vithin 200 ft. Livestock P | one | □ Insecti | cide Storag | 70 | |
| ☐ Sewer L | | | Cess Pool | | | | ☐ Fuel Storage | | | oned Wate | | |
| | ght Sewer Lin | | | ☐ Feed | | | Fertilizer St | | | ell/Gas Wel | | |
| ☐ Other (Specify) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 10 FROM | TO | | ITHOLOG | FIC LOG | | FROM | TO | LH | THO. LOG (cont.) or | · PLUGGII | NG INTERVALS | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | Notes: | | | | | | |
| | | | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was □ constructed, □ reconstructed, or □ plugged | | | | | | | | | | | | |
| under my jui | risdiction an | d was compl | eted on (m | no-day-year) | | an | d this record | is tr | ue to the best of m | y knowle | dge and belief. | |
| Kansas Wate | er Well Con | tractor's Lice | ense No | T | his Wa | ater Well R | ecord was co | mple | eted on (mo-day-y | ear) | | |
| under the bu | siness name | of | **** | TI I O | | | 1 5 2 | ····· | | 11 | | |
| 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. | | | | | | | | | | | | |
| _ | | s.gov/waterwel | | , 500.055 500 | 10 | | , 50110 120 | , - JP | , | | KSA 82a-1212 | |