KOLAR Document ID: 1531890

| WATER WELL R | _ | - | WWC-5 | | | on of Water | | | | | | | |
|--|--|--|--------------------------------------|----------------|---|---|----------------|----------------------|---------|-------------|-----------|--|--|
| | | | e in Well Use | | ces App. No | | | Well I | | | | | |
| 1 LOCATION OF WATER WELL: | | | Fraction $\frac{1}{4}$ $\frac{1}{4}$ | Section | ection Number Township N | | | e | | | | | |
| County: 1/4 2 WELL OWNER: Last Name: First: | | | | | ½ T S R eet or Rural Address where well is located (if unknown, dit 0.00000000000000000000000000000000000 | | | | | | | | |
| 2 WELL OWNER: L Business: | | rection from nearest town or intersection): If at owner's address, check here: | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | |
| Address: | | a | | | | | | | | | | | |
| City: | | State: | ZIP: | | | | | | | | | | |
| 3 LOCATE WELL WITH "X" IN | | ft. | 5 Latitu | de: | | | (d | ecimal degrees) | | | | | |
| SECTION BOX: | ft. | | | | | | | | | | | | |
| Ν | | | Dry Wel | 11 | | | | | | | | | |
| | WELL'S STATIC WATER LEVEL: | | | | | Source for Latitude/Longitude: GPS (unit make/model:) | | | | | | | |
| NW NE | | | y-yr) | | | | | | | | | | |
| | Pump test da | ata: Well w | ft. | | \Box Land Survey \Box Topographic Map | | | | | | | | |
| WE | after | after hours pumping gpm | | | | | Online Mapper: | | | | | | |
| SWSE | ofter | Well water wasft. after hours pumping | | | | | | | | | | | |
| | Estimated Y | | gpm | | 6 Elevat | t ion : | f | t. 🗌 Gro | und I | Level 🗌 TOC | | | |
| S | Bore Hole D | | ft. and | | Source | | nd Survey 🛛 | | - | • • | | | |
| 1 mile | | in. to ft. | | | | | | Other | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | | |
| 1. Domestic: | | | | | | | | | | | | | |
| ☐ Household ☐ Lawn & Garden | | | | |] Uncased 🛛 | | | | | | | | |
| | | | | | | | | how many bore | | | | | |
| 2. Irrigation | 9. Environmental Remediation: well ID | | | | | | | op 🗌 Horizon | | | | | |
| 3. 🗌 Feedlot | Air Sparge Soil Vapor Extra | | | | | 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: | | | | | | | | | | | | | |
| Water well disinfected? Ves 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: | | | | | | | | | | | | | |
| $\Box \text{ Steel} \qquad \Box \text{ Stainless Steel} \qquad \Box \text{ PVC} \qquad \Box \text{ Other (Specify)} \dots \dots$ | | | | | | | | | | | | | |
| □ 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. to ft. to ft. to ft. | | | | | | | | | | | | | |
| | | | n ft. to | | | | | | | | | | |
| 9 GROUT MATERIA | | | | | | | | | | | | | |
| Grout Intervals: From | ft. to | | ft., From | ft. to | | . ft., From . | | | | | | | |
| Nearest source of possible | | | potential source of co | | | | | | | | | | |
| ☐ Septic Tank ☐ Sewer Lines | | Lateral Line Cess Pool | es | | | vestock Pen iel Storage | | ☐ Insecti ☐ Aband | | | | | |
| ☐ Watertight Sewer Lines | | | ☐ Sewage L ☐ Feedyard | | | ertilizer Stor | | | | | CII | | |
| Other (Specify) | | | | | | | | | | | | | |
| Direction from well? | | | | | | | | | | | | | |
| 10 FROM TO | L | ITHOLO | GIC LOG | FROM | 1 | TO | LITHO | . LOG (cont.) o | r PLUGC | SING | INTERVALS | | |
| <u>├</u> ───┤ | | | | _ | | | | | | | | | |
| <u>├</u> | | | | | | | | | | | | | |
| <u>├</u> | | | | | | | | | | | | | |
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| | | | | Notes: | : | | | | | | | | |
| | | | | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, a reconstructed, or a plugged | | | | | | | | | | | | | |
| 11 CONTRACTOR'S under my jurisdiction at | | | | | | | | | | | | | |
| Kansas Water Well Co | ntractor's Lice | ense No. | | /ater Well | Recor | d was com | pleted | on (mo-dav-v | ear) | gt | | | |
| under the business nam | Kansas Water Well Contractor's License No This Water Well Record was completed on (mo-day-year) 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. | | | | | | | | | | | | | |
| | Send one copy to | WATER W | ELL OWNER and retain | n one for your | record | s. Fee of \$5. | .00 for ea | ach constructed w | ell. | | | | |